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August 3, 1989

Ms. Alisa Greene
U.S. Environmental Protection Agency
Region IX (T-4-1)
215 Fremont Street
San Francisco, California 94105

Re: Hawker Pacific Inc./San Fernando Valley
(EPA Reference T-4-1)

Dear Ms. Greene:

Enclosed is the response of Hawker Pacific Inc. to EPA's CERCLA § 104/RCRA § 3007 letter dated in February 1989, requesting information regarding the company's facility at 11310 Sherman Way, Sun Valley, California 91352. I spoke with you by telephone a few weeks ago and you agreed to an extension in submitting the document. It took slightly longer than I anticipated to get the documents ready due to my being out of my office part of the time.

As the response states, we are aware of no evidence indicating that Hawker Pacific's facility has had any release that could have contributed to the regional groundwater problem. Please notify me if you have reason to believe otherwise.

Very truly yours,



Michael A. Monahan
of McCUTCHEN, BLACK, VERLEGER & SHEA

MAM/ph

RICHARD J. DENNEY
 MICHAEL A. MONAHAN
 LAURA J. CARROLL
 McCUTCHEN, BLACK, VERLEGER & SHEA
 600 Wilshire Boulevard
 Los Angeles, California 90017
 (213) 624-2400

Attorneys for
 HAWKER PACIFIC INC.

BEFORE THE
 UNITED STATES
 ENVIRONMENTAL PROTECTION AGENCY

In re Hawker Pacific, Inc.,)	
facility at 11310 Sherman	)	EPA Reference T-4-1
Way, Sun Valley, California;)	
San Fernando Valley)	
Groundwater Investigation)	
_____)	

RESPONSE OF HAWKER PACIFIC INC.

TO REQUEST FOR INFORMATION

PURSUANT TO 42 U.S.C. § 9604(e)

RESPONSE OF HAWKER PACIFIC INC.

TO REQUEST FOR INFORMATION

PURSUANT TO 42 U.S.C. § 9604(e)

This response is made by Hawker Pacific Inc. ("Hawker Pacific") to the request for information under 42 U.S.C. §§ 9604 and 6907 made by the United States Environmental Protection Agency ("EPA") by letter dated February 1989, addressed to Robert E. (Bob) Wilson, regarding Hawker Pacific's facility at 11310 Sherman Way, Sun Valley, California 91352. This response does not constitute any admission by Hawker Pacific that it has contributed to or is responsible for the San Fernando Valley groundwater contamination referred to in the EPA's request, and Hawker Pacific denies any such contribution or responsibility.

The following sets forth each question in the EPA request, followed by Hawker Pacific's response thereto.

1. A description of the purpose and operations of your facility including a detailed description of any hazardous waste storage, treatment, or disposal operations. Include the dates of operation.

Response:

Hawker Pacific overhauls and repairs, and manufactures, aircraft landing gear and flight control equipment at this facility. It has conducted operations at the site since April 1, 1987, when it purchased assets for that purpose from Inchcape PLC. At that time, its facility included Buildings 1 through 4

(see Response to Request No. 3, below). In December 1987, its facility was expanded to include Building No. 5.

Hawker Pacific's operations at the site consist of receiving and inspection of material and equipment, machining and grinding, plating, painting, assembly and testing of new and reassembled equipment.

Operations at the site generate the following waste streams:

1. Plating shop wastes: (a) Plating shop production trash consisting of tape and masking materials is collected in steel drums. (b) Spent plating baths are periodically pumped out of the equipment and absorbent is added to it in steel drums. (c) Plating tank sludge also is periodically pumped out and absorbent is added in steel drums. (d) Plating operations rinse water is directed to a clarifier tank prior to discharge to the publicly owned treatment works ("POTW"). Clarifier sludge is periodically pumped out, and dewatered using an onsite press. The sludge is placed in steel drums, and the water is returned to the clarifier tank. Steel drums of all these plating shop wastes are hauled offsite to a permitted disposal site.

2. Several other types of miscellaneous liquid wastes are generated by the equipment used at the site: machinery waste oil, water soluble coolant from metal-working machinery, magnetic particle oil used for product testing, spent hydraulic fluids, degreasing solvents and paint thinners and solvent. These liquids are collected in steel drums and shipped offsite for recycling or disposal.

Steel drums in which the waste is accumulated are stored temporarily in a paved storage compound in the yard at the facility. These operations and waste streams have remained essentially the same since Hawker-Pacific began operations at the facility.

2. A detailed description of all hazardous substances and hazardous wastes that were or are used or produced in operation or in production-related processes at your facility(s). Of particular importance is your information regarding past and present chlorinated solvent usage including but not limited to carbon tetrachloride (CTC), trichloroethylene (TCE), and tetrachloroethylene (PCE). For each substance and each waste used or generated, provide the following information.
 - a. The common chemical name, specific chemical name, and chemical composition by volume for liquids and weight for solids;
 - b. The total amount, in gallons for liquids and tons for solids, or annual usage or generation;
 - c. The methods and processes used to generate, store, treat, and dispose of, and otherwise handle each substance;
 - d. When and where the above processes occurred and are occurring. Please specify dates and locations as precisely as possible. Location information should include, but not limited to, information pertaining to tanks, ponds, treatment facilities, and other units which were historically used to treat, store and/or dispose of hazardous substances but which may no longer exist.

Response:

The following is a list of the hazardous materials used, stored, or produced at this site:

Liquid Wastes:

Shell Tellus Oil
Hydrocarbon Mixture 99%
55 Gallons a Year Usage
Used for lubricating machinery in the machine shop areas in
Buildings 1 and 2.
Disposed of by recycling off-site

Shell Garia Oil-C-
Hydrocarbon Mixture 99%
50 gallons a year usage
Used for lubricating machinery in the machine shop areas in
Buildings 1 and 2
Recycled off-site

Trichloroethane
Trichloroethane 1.1.1. 100%
600 Gallons a Year Usage
Used for degreasing machined parts in the plating shop area in
Building 2
Recycled off-site

Red Oil
Hydraulic Fluid H-5606
Mixture 99% CAS# 64742-46-2, 64741-97-5, 64742-53-6
250 gallons a year usage
Used to fill and test hydraulic units before shipment, in the
test room in Building 3
Disposed of by recycling off-site

Methylene Chloride
Methylene Chloride 100% CAS# 75-09-2
50 gallons a year usage
Used in assembly of the components in the assembly department in
Building 3
Recycled off-site

Rho-Solv 1204
Rho-Solv 1204 100% CAS# 64742-89-8
1200 gallons a year usage
Used to clean parts and machinery in Buildings 2, 3 and 4
Recycled off-site

Mag-Oil-C
Deodorized Kerosene 96% Parafins, 2% Benzene
200 gallons a year usage
Used in magnetic particle inspection equipment in solvent tanks
in NDT (non-destructive testing) Department in Building 2
Recycled off-site

Rubbing Alcohol
Isopropyl Alcohol
60 gallons a year usage
Used to clean hydraulic equipment during assembly process in
Building 3
Recycled off-site

Chase 310

Lacquer Thinner 22% Toluene, 50% Ketone, 5% Glycolethers, 22% Petroleum Hydrocarbons

150 gallons usage

Used for cleaning parts to be painted, paint gun cleanup and thinning of paints in Building 4

Recycled off-site

MEK

Methyl Ethyl Ketone 100% CASE# 78-93-3

70 gallons a year usage

Used for cleaning parts in plating and assembly and test departments in Buildings 2 and 3

Recycled off-site

Water Soluble Coolant

Waste Oil and Water

3000 gallons a year usage

Used for cooling during grinding and metal working in machine shop areas in Buildings 1 and 2

Recycled off-site

Solid Wastes:

Cyanide/Cadmium Waste

3/4 cubic yards a year

Plating tank sludge, spent plating solution in plating shop in Building 2

Land fill disposal

Nickel Waste

3/4 cubic yards a year

Plating tank sludge, spent plating solution in plating shop in Building 2

Land fill disposal

Chromium Waste

7 cubic yards a year

Plating tank sludge, spent plating solution in plating shop in Building 2

Recycled off-site

Metal Hydroxide Waste

2 cubic yards a year

Waste water treatment solids from the treating of metal finishing rinse water

Recycled off-site

Oil and Grease Waste

3/4 cubic yards a year

Residue from oil product drums, from storage tank for water soluble coolant in yard storage

Recycled off-site

Production Trash:

Masking Tape and Materials

From Building 2 plating shop as described in response to request No. 1 above

Land Fill Disposal

All of the materials referred to above are used in and handled by machinery, vessels, other equipment, piping or drums (both before and after becoming waste or recyclable materials) located above concrete or paved floors or pads so that any liquid leak or release would be promptly visible, with two exceptions: The plating waste water clarifier tank in Building 2 is partially below grade, and hydraulic fluid (red oil) and related compressor oil drips used for testing equipment are captured with compressor condensate water in two small sumps (approx. 18" x 18" x 18" each) located next to each other outside Building 3. A sample boring has been placed in the location of the plating clarifier. (See Response to Request No. 8.) The integrity of the two small sumps is and has been readily ascertained by visual inspection.

3. Any photographs, maps, diagrams regardless of their date, which show areas where hazardous substances or hazardous wastes have been made or may be located.

Response:

See enclosed facility diagram, document "A".

4. A description of past and present disposal practices of hazardous substances and hazardous wastes generated or used at your facility. If off-site disposal of wastes has occurred, please provide a detailed description, including copies of manifests of hazardous substances and hazardous wastes, the names and addresses of transporters that have ever been engaged for the purpose of transporting hazardous substances or hazardous wastes from your facility, and the location to where the waste was hauled.

Response:

See responses to Requests 1 and 2, above. Hawker Pacific's past and present hazardous waste disposal practices are: All hazardous substances for disposal are profiled (sampled and analyzed), packaged and transported by an approved transporter to a disposal site or recycler that is authorized to accept that substance.

Enclosed are copies of manifests covering from 1987 to present date, document nos. HP000001 - HP000042.

Transporters used:

Disposal Control Inc.
1369 W. 9th Street
Upland, CA 91786

King & King Drain Oil Service
635 Obispo
Long Beach, CA 90814

Locations to which materials were hauled are shown on the manifests.

5. Locations and detailed descriptions of all monitoring wells, supply wells, injection wells, and underground tanks at your facility.

Response:

One underground tank, which has not been used by Hawker Pacific, recently has been discovered at the back of Building 1,

between Buildings 1 and 2. (See diagram supplied in Response to Request No. 3.)

6. Is your facility(s) currently connected to a sewer line? If so, please identify the sewage system, date of connection, and types of wastes discharged. If you are or at some time operated your facility(s) without a sewer line connection, please identify the method of waste water disposal that you use or did use. Specifically, have you or are you using leach field(s), septic tank(s), or any other method of onsite disposal.

Response:

Site Buildings Nos. 1, 2, and 4 are connected to a POTW sewer line. Waste streams discharged into this sewer are biological waste, and plating rinse waters that have been pretreated as described in Response to Request No. 1, above. These sewer connections have been in place since Hawker Pacific began operations at these portions of the site in April 1987.

Buildings Nos. 3 and 5 are connected to septic tanks with leach lines. These have been in place since Hawker Pacific began operations at these portions of the site, in April and December 1987, respectively.

7. All analyses from sampling of monitoring and supply wells, underground tanks, soil samples, and soil-gas sampling conducted at your facility. Please include any reports written by consultant(s) about these sample analyses.

Response:

Pursuant to direction of the California Regional Water Quality Control Board, Los Angeles Region ("LARWQCB"), on December 1, 1988, Law Environmental Inc. performed a subsurface investigation at two locations on this site to determine if any

subsurface contamination to soil or ground water had occurred.

The report is produced herewith, document "B".

8. Are you or your consultants planning to perform any investigations of the soil, water (ground or surface), geology, geohydrology, or air quality on or about the site? If so, please describe the planned investigation(s).

Response:

Hawker Pacific has been requested by California Regional Water Quality Control Board to perform an additional two borings in the area of Building 3 and 5 to a depth of 40 feet as well as two borings inside Building 2 to a depth of 10 feet. Final results are not yet received. Air emissions testing was conducted February 13, 1989 by Truesdail Labs to determine total and hexavalent chrome from this facility's three hard chrome plating tanks.

9. A list of all current and former employees, agents, contractors, consultants, company officers, and other personnel who may possess knowledge or information relevant to this inquiry. This list should include each individual's name, address, telephone number, and job title or function.

Response:

<u>Name</u>	<u>Address & Phone No.</u>	<u>Title</u>	<u>Term. Date</u>
Erik Johnson	FX-6: Personal Privacy	Hazardous Waste/ Process Supervisor	
Harry Gunn	FX-6: Personal Privacy	Machine Shop Supv.	
Bud Bailes	FX-6: Personal Privacy	Plater Journeyman/ Lead	
Ed Conley	FX-6: Personal Privacy		

<u>Name</u>	<u>Address & Phone No.</u>	<u>Title</u>	<u>Term. Date</u>
Stan LaSalle	FX-6: Personal Privacy [REDACTED]	EPA/Hazardous Waste Engineer	3-4-88
Lewis Augustine	FX-6: Personal Privacy [REDACTED]	Supervisor Sr.	7-31-87

10. Length of time your company has been at the site location and any information you have regarding former occupants of this location and their hazardous waste practices.

Response:

Hawker Pacific has occupied this site from April 1, 1987, except it has occupied Building 5 since December 1987. Prior operators at the site excluding Building 5, based on information and belief, were:

Inchcape PLC.	6-1-82 to 4-1-87
Parker Corp.	Approx. 1980 to 6-1-82
Bertea	Approx. 1979-1980
Zero Corporation	Approx. 1977-1979
Canoga Industries	Approx. 1968-1977
Stellar Hydraulics	Approx. 1963-1969 (Buildings 1 and 2 only)

Some of these may not have occupied the entire site of Buildings 1 - 4.

The company occupying Building 5 immediately prior to Hawker Pacific was Laura Scudder. Hawker Pacific lacks information as to other prior occupants of Building 5.

11. Any information regarding use and disposal of chlorinated solvents by any person or business in the San Fernando Valley.

Response:

Hawker Pacific objects to this request as beyond the scope of EPA's authority. Without waiving this objection, Hawker Pacific produced herewith copies of manifests relating to prior operators at this location that Hawker Pacific possesses, as documents no. HP000043 - HP000128.

12. A descriptive list of all insurance policies held by your company. The description should include the dates during which each policy was in force, the general type of policy (e.g., comprehensive, general liability, automobile), the insurance company issuing the policy, the policy number, and any specific provision of the policy which may relate to claims for environmental damages.

Response:

See document entitled "Hawker Pacific Inc. Insurance Policy List, document "C", produced herewith in a separate envelope labelled as confidential information. This document and the information contained therein is confidential and subject to 40 C.F.R. § 2.203(b), and is to be so treated.

13. A detailed description of all hazardous substance and hazardous waste spills, leaks and incidents, as well as any clean-up actions undertaken during the history of your facility's operation.

Response:

No known spills, leaks or incidents during Hawker Pacific's operation at this location.

14. A list of the names and addresses of all solvent suppliers and solvent recyclers from which either products or services were acquired for use by your facility.

Response:

Rho-Chem Corp P.O. Box 6021 H25-Isis Ave. Inglewood, CA 90301	Supplier and recycler
--	-----------------------

PRI 1835 E. 29th Street Signal Hill, CA	Recycler
---	----------

DeMenno-Kerdoon 2000 N. Alameda Street Compton, CA 90222	Recycler
--	----------

Casmalia Resource Management NTU Road Casmalia, CA 93429	Recycler
--	----------

Shell Oil Co. 14117 Aetna Van Nuys, CA 91408	Supplier
--	----------

Holchem Chemical 13546 Desmond Street Pacoima, CA 913131	Supplier
--	----------

15. An audited set of financial statements which includes a Statement of Financial Position/Balance Sheet, Income Statement, and Statement of Changes in Working Capital, and any other supplementary information for your company's most recent fiscal year.

Response:

See financial statements, document "D", produced herewith in a separate envelope labelled as confidential information. This document and the information therein is confidential subject to 40 C.F.R. § 2.203(b), and is to be so treated.


16. Are you owned by another corporate entity as a subsidiary, division, or otherwise?

Response:

Yes. See document produced in response to Request No.

DATE: JULY 7, 1989

RICHARD J. DENNEY
MICHAEL A. MONAHAN
LAURA J. CARROLL
MCCUTCHEN, BLACK, VERLEGER & SHEA

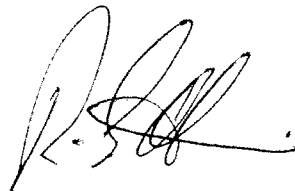


Michael A. Monahan

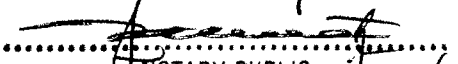
Attorneys for HAWKER PACIFIC INC.

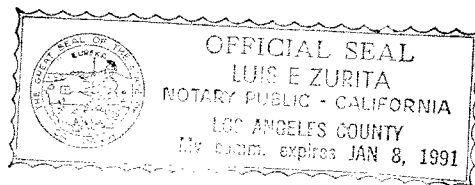
I, Robert E. Wilson, Vice President and General Manager of Hawker Pacific Inc. (the "Company"), directed employees under my supervision in a search for records in the possession of the company and in interviewing company employees with knowledge of the company's operations, chemical use and business practices, for purposes of preparing the responses to which this is attached. I believe that the search and interviews were diligent and, based thereon, that the factual responses to which this is attached are correct.

DATE: July 7, 1989



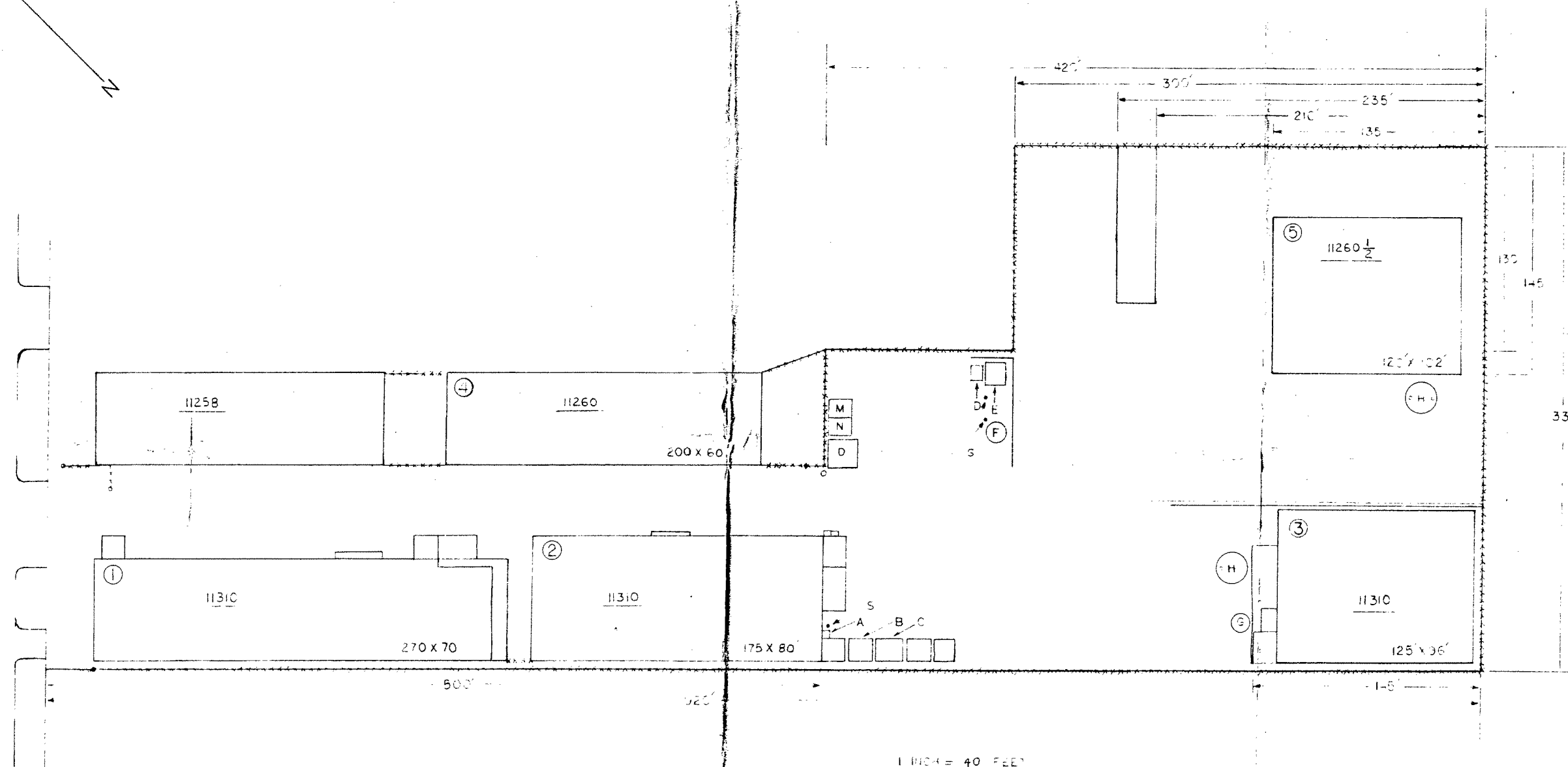
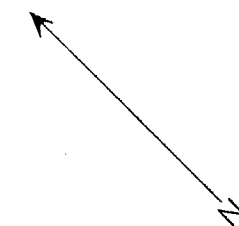
ROBERT E. WILSON

SUBSCRIBED AND SWORN TO BEFORE ME
THIS 7th DAY OF July, 1989.

.....
NOTARY PUBLIC
Luis E. Zurita



A TRI I.I.I. STORAGE TANK
B CHEMICAL STORAGE SHED
C CHEMICAL STORAGE SHED
D WASTE OIL AND WATER STORAGE TANK
E FLAMMABLE LIQUID STORAGE SHED
F HAZARDOUS WASTE STAGING AREA
G COOLING TOWER
H SEPTIC TANKS
O PROPOSED FLAMMABLE LIQUID STORAGE AREA
N PROPOSED CHEMICAL STORAGE SHED
M PROPOSED CHEMICAL STORAGE SHED
S BORING STIES DEC. 1, 1988

SHERMAN WAY



FLIGHT ACCESSORY SERVICES SUN VALLEY, CA.
1988



LAW ENVIRONMENTAL, INC.

3420 N. SAN FERNANDO BLVD.
SUITE 200
BURBANK, CALIFORNIA 91504
818-848-0214
PANAFAX 818-848-1674

January 4, 1989

Hawker Pacific, Inc.
11310 Sherman Way
Sun Valley, California 91352

Project No. 58-8601
RWQCB File No. AB104.0436

Attention: Mr. Erik Johnson
Hazardous Waste Engineer

Gentlemen:

REPORT
Subsurface Investigation
AB-1803 Follow-up Program
11310 Sherman Way
Sun Valley, California

INTRODUCTION

Law Environmental, Inc. is pleased to submit this report of subsurface investigation at the above-referenced property. The investigation was requested by the Regional Water Quality Control Board (RWQCB) in their September 6, 1988 letter to Mr. Erik Johnson (Appendix A). This report addresses all elements of the required investigation which concern subsurface investigation and associated laboratory analysis (Items 2 and 4a). Other requirements of the September 6, 1988 letter are/will be addressed in documents provided to the RWQCB by Hawker Pacific.

Our professional services have been performed using that degree of care and skill customarily exercised under similar



circumstances by reputable consulting engineers and geologists practicing in this or equivalent localities. No other warranty, expressed or implied, is made as to the information or professional advice included in this report. This report has been prepared expressly for Hawker Pacific, Inc. to be used solely for the purposes of the required RWQCB AB-1803 investigation. The report has not been prepared for use by other parties and may not contain sufficient information for other parties or other uses.

All findings and conclusions derived from measurements or analyses of soil, water, air and/or gas are based on the conditions which existed only at those particular sample locations and the times of sampling. The analytical results reflect the range of accuracy and detection levels, when specified, for the particular analytical equipment and/or specific analytical method(s) used.

FIELD INVESTIGATION

METHODS

Our field investigation was conducted on December 1, 1988. Three soil borings were completed to a depth of 10 feet at the locations indicated on Plate 1, Site Map. Boring B-1 was drilled



approximately one foot from the berm surrounding the TCA tank at the rear of Building 2. Boring B-2 was drilled approximately two feet from the berm surrounding the waste oil tank. Boring B-3 was drilled within the drum storage area.

All borings were drilled using a truck-mounted hollow-stem auger with an outer diameter of eight inches. Undisturbed samples were collected and preserved in accordance with the Soil Sampling Protocol in Appendix B. Samples from each boring were monitored in the field for the presence of volatile organic compounds using a Foxboro OVA 108GC (OVA). This unit is calibrated to a methane standard and provides a direct readout with a sensitivity of about one part per million (ppm) for most fuel hydrocarbons and organic solvents. Nine soil samples (three from each boring) were transported to Brown and Caldwell Laboratories in Pasadena for analysis.

GEOLOGY

Up to one foot of fill soils consisting of silty sand to sandy silt were encountered in our borings. The fill was underlain by recent alluvium consisting of a light brown, medium to coarse-grained sand with a trace of silt. This sand persisted to the bottom of our borings. Details of the geology are shown on the boring logs included as Appendix C.



Previous work in this vicinity indicates that deeper materials at this location are generally characterized by coarse sands and gravels. Los Angeles County Flood Control District data suggest that the depth to ground water at this location is in excess of 150 feet.

OBSERVATIONS

Ground water was not encountered in any of our borings. No visual or olfactory evidence of soil contamination was observed. No OVA readings were obtained from the borings which were in excess of background values.

ANALYTICAL RESULTS

In accordance with RWQCB requirements, all analyses were performed by a State and EPA-certified laboratory. The laboratory report and associated chain-of-custody documents are included in Appendix D. Samples from depths of 1, 5 and 10 feet in each boring were analyzed discretely for volatile organic compounds by EPA Method 8240.

Only one compound, methylene chloride, was detected in the soil samples. A fairly uniform concentration, 5 to 16 parts per



billion (ppb), was identified in all 9 samples. Methylene chloride is a commonly used solvent in the laboratory. Brown and Caldwell Laboratories has determined that the reported methylene chloride concentrations are due to laboratory contamination. This is stated in the letter from Brown and Caldwell which follows the laboratory report. Even so, the levels detected are well below the Drinking Water Action Level of 40 ppb recommended by the State of California Department of Health Services (January 1987).

CONCLUSIONS

Our investigation has not detected the presence of volatile organic compounds within the investigated areas of the subject property. The low levels of methylene chloride detected by the laboratory are believed to be the result of laboratory contamination.

-oOo-

One copy of this report should be submitted to the RWQCB by January 6, 1989. This extension was granted by Ms. Mila Sylvestre at the request of Law Environmental on December 21, 1988.



It has been a pleasure to have been of service to you on this project. If you have any questions regarding this report, please contact the undersigned.

Yours very truly,

LAW ENVIRONMENTAL, INC.

by *Warren W. Gross*
Warren W. Gross
Staff Hydrogeologist

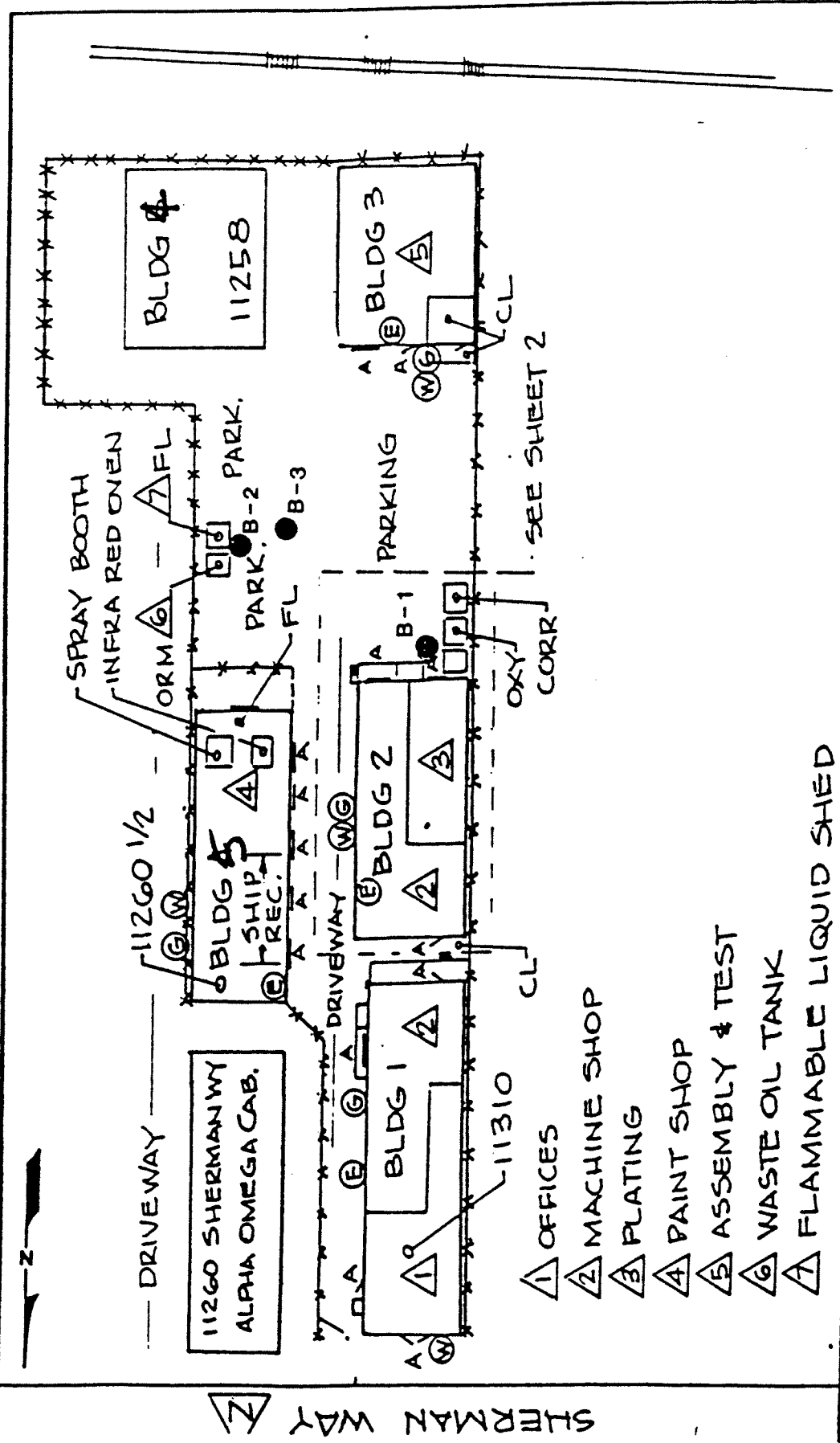
by *Jack Carmody*
Jack Carmody, Manager
Environmental Assessment

by *Glenn A. Brown*
Glenn A. Brown, C.E.G. 3
Senior Vice President

WG/gla/8601.RPT
Attachments

(3 copies submitted)

SITE MAP FOR BUSINESS PLAN (BP-8)



BASE MAP BY HAWKER PACIFIC
NO SCALE PROVIDED

B-1 ● BORING LOCATION
AND NUMBER

SITE MAP



PLATE 1

LAW ENVIRONMENTAL, INC.

CALIFORNIA REGIONAL WATER QUALITY CONTROL BOARD—
LOS ANGELES REGION

107 SOUTH BROADWAY, SUITE 4027
LOS ANGELES, CALIFORNIA 90012-4596
(213) 620-4460



September 6, 1988

Mr. Erik Johnson
Hazardous Waste Engineer
HAWKER PACIFIC INC.
11310 Sherman Way
Sun Valley, CA 91352

SUBSURFACE INVESTIGATION - AB1803 FOLLOW-UP PROGRAM
(FILE NO. AB104.0436)

On August 31, 1988, your facility was inspected by Mila Silvestre and John Hostak of this Regional Board's staff. The inspection focused on past and present methods used for handling chemicals and wastes at your facility. During the site visit, the inspectors became aware of certain situations that may have resulted in soil and potential ground water contamination. Of primary concern are the areas listed below:

- A. Industrial Waste Clarifier System inside the Plating Shop. This clarifier receives solution overflow from the plating tanks. There is a 1,1,1-Trichloroethane (TCA) degreasing tank located within the plating area. Any spillage or leakage from this degreasing tank therefore gets mixed with the plating solution overflow and finally discharged into the industrial waste clarifier.
- B. Aboveground TCA Holding Tank Containment Area at the rear of the Plating Shop. This containment area is currently constructed to standards, i.e., with berms and concrete bottom. However, the area has been retrofitted only less than a year ago (per Mr. Erik Johnson). Prior to retrofitting, the condition of this area and the method of handling the solvent within this area are not known.
- C. Cooling Tower Area in front of the Hydraulic Test Room. At the time of inspection, there was ponded water on the concrete slab underneath the cooling tower. Blowdown from this cooling tower appears to be being discharged onto the ground through a discharge valve located at the bottom of the tower. Since the concrete slab is not bermed, the wastewater eventually flows down onto the asphaltic concrete. The discharge of wastes to land without waste discharge requirements from the Regional Board is a violation of Section 13260 of the California Water Code. If said discharge has been occurring, you are hereby ordered to discontinue this unacceptable activity immediately.

- D. Chemical and Waste Barrel Storage Area located between the Warehouse and the Paint Shop. There are signs of past chemical spillage in the asphaltic concrete throughout this area. Although there is a berm on the south side of this area, it does not provide adequate containment of spills and/or protection from surface runoff or runoff.

The main objective of this Agency's AB1803 follow-up inspection program is to determine possible sources of contamination in nearby drinking water wells. This program is comprehensive since even small discharges may have significant additive effects on the quality of ground water in the area.

You are therefore directed to submit a workplan for conducting a subsurface investigation to determine whether infiltration of contaminants into soils has occurred at the two areas of concern.

Your workplan must incorporate the site specific requirements listed below and all of the items contained within the enclosed Workplan Requirements for Initial Subsurface Investigation.

1. Industrial Waste Clarifier Area. In order to initially determine the integrity of the industrial waste clarifier system, the entire unit must be evacuated to remove all sludge and waste waters, steam cleaned and then visually inspected for any cracks and/or leaks. Please notify my staff prior to the date you plan to commence this activity so we can schedule an inspector to be present. In addition, a sample of the sludge must be analyzed for pH, Metals, Volatile Organics, Total Oil and Grease, Flash Point, and any other analysis required to determine if this material must be handled as a hazardous waste.
2. TCA Holding Tank Area. A minimum of one (1) shallow test boring to a depth of 10 feet below land surface is required immediately adjacent to the TCA holding tank containment area to determine whether past solvent handling practices have affected subsurface conditions in that area. Samples shall be obtained at the 1-ft, 5-ft, and 10-ft depths.
3. Cooling Tower Area. A written report must be submitted to indicate your current method of disposing the blowdown water from your cooling tower. Also, a list of the water treatment chemicals being added to the cooling water must be provided in the report to determine the need for additional work in this area.

4. Chemical and Waste Barrel Storage Area. a) A minimum of two (2) shallow test borings to a depth of 10 feet below land surface is required in this area. Samples shall be obtained at the 1-ft, 5-ft, and 10-ft depths in each boring location. b) Retrofitting of this area is required to provide adequate containment of all barrels stored, to control any spills, and to preclude surface runoff waste from leaving the area. A retrofitting plan must be submitted to this Board for review and approval.
5. Finally, since your facility operates a private sewage disposal system onsite, the following information regarding this system must be provided:
 - a. location of the disposal system(s),
 - b. the type of system(s) operated,
 - c. materials of construction,
 - d. size and capacity of the unit(s),
 - e. aerial extent of any associated disposal fields,
 - f. types and quantities of wastes discharged,
 - g. number and locations of connections to the system(s), and
 - h. results of any analytical testing required for operations and maintenance. This information will be reviewed and a determination made regarding the need for any subsurface investigation in this area.

The workplan containing all of the information identified above is due to this Regional Board by October 31, 1988. Enclosed for your convenience is a list of consulting firms that may be able to assist you in conducting the subsurface investigation.

If you have any questions concerning this matter, please contact Mila Silvestre at (213) 620-4930.

David A. Bacharowski
DAVID A. BACHAROWSKI
Environmental Specialist IV

Enclosures

cc: Ms. Patti Cleary, U.S. EPA Region IX
Mr. Bill Jones, L. A. County, Dept. of Health Services
Mr. Publio Aliwalsa, City of Los Angeles Bureau of Sanitation

SOIL SAMPLING PROTOCOL



The following procedures are followed when sampling soil with the hollow-stem auger drilling technique.

1. Continuous flight, hollow-stem augers are used.
2. All augers, samplers and downhole equipment are steam cleaned prior to use and between borings. This minimizes the possibility of cross-contamination occurring.
3. A registered geologist or other appropriately trained personnel observes the drilling, visually logs the soils, and obtains soil samples at appropriate intervals (usually 5 feet) as determined by field conditions.
4. The Unified Soils Classification System (USCS) is utilized to classify the soils. Rocks are classified according to the Colorado School of Mines "Classification of Rocks."
5. The soil samples are obtained using a modified California split-spoon sampler, which accommodates two to six sample tubes. Various tubes are utilized to accommodate the different analyses required:

Brass Tubes: 2 1/2 by 3 or 6 inches - for all organics and general analyses, excluding copper and zinc.

Stainless Steel Tubes: 2 1/2 by 3 or 6 inches - for all organics and metals analyses excluding chrome and nickel.
6. The tubes are scrubbed with a brush and TSP or equivalent cleaning agent, then rinsed with tap water. If required, the tubes are steam cleaned. Tubes are given a final rinse with distilled water and delivered to the drilling site in closed buckets or equivalent to preclude recontamination.
7. After the sample tubes are removed from the sampler, the latter is completely disassembled and scrubbed in TSP or equivalent and tap water. The sampler is rinsed with tap water, and distilled water (if required) and reassembled with the required number of clean tubes.
8. Unclean tubes are washed with TSP or equivalent solution, rinsed with tap water, etc. as described in 6 above.
9. In loose soils, a sand catcher is used to prevent soil from falling out of the sampler.
10. The sampler is driven 12 or 18 inches at each sampling. Generally, the lowest tube is retained for analysis. The other tube or tubes are retained for split sampling or as a back-up.

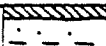
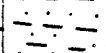
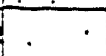
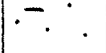

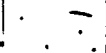

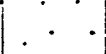


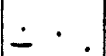
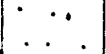
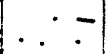












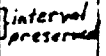
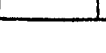

11. The sample is logged in. After testing for the presence of combustible gases or volatile organic compounds, the sample is capped with Teflon liners and tight-fitting plastic caps to minimize leaching and cross-contamination. Black vinyl electrical tape is used to tightly secure the caps to the sample tube. The samples are labeled and preserved in clean ice chests containing Blue Ice or equivalent, to keep the samples at or about 4 degrees Celsius.
12. The samples are kept in the ice chest until delivered to a state and EPA certified testing laboratory, the same day if physically possible. The undelivered samples are stored or archived in secured Law Environmental sample storage at or about 4 degrees Celsius. A freezer is also available at Law Environmental if freezing samples is required or recommended.
13. All samples are accompanied by a chain-of-custody form, documenting the time, date, and person-in-charge since retrieval of the sample from the sampler.
14. In case of visual and/or olfactory evidence of contamination, soil cuttings are impounded in drums carrying cautionary labels. The drums are secured from random contact. Custody of the drums and their content will remain with the client at all times.
15. If chemical analysis of the soil indicates the presence of elevated levels of pollutants, then the Client will be informed of the test results and advised as to the lawful means of disposal or detoxification. Upon the written request and authorization by the Client, Law Environmental will organize the disposal or detoxification of the impounded soil in accordance with all applicable federal, state, county and local regulations.
16. The soil sample tube label includes:
Job Number
Boring Number and Depth
Sampling Date
Sampler's Initials
Test to be Performed (if known at the time of sampling).
17. An indelible marking pen or a ball-point pen is used to mark the sample tubes.
18. A detailed log is kept of all field activities.



LAW ENVIRONMENTAL INC.

BORING LOG

OWNER Hawker Pacific PROJECT No. 58-8601
LOCATION 11310 Sherman Way, Sun Valley BORING No. B-1
DRILLED BY Drill-Line PAGE 1 of 1
DRILLING METHOD Hollow Stem Auger DATE 12-1-88
BOREHOLE DEPTH 10 feet BOREHOLE DIA. 8 inches LOGGED BY MM

DEPTH (feet)	BLOW COUNT	CASING/CHOR (ppm hexane)	SAMPLE	GRAPHIC LOG	USCS	DESCRIPTION OF MATERIALS
1					SM	3" Asphaltic Paving
2					ML	FILL - SILTY SAND/SANDY SILT - fine-grained, some clay, slightly plastic, damp, medium brown.
3					SP	SAND - medium to coarse grained, trace of silt, dry to damp, white to light brown
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BORING LOG

LAW ENVIRONMENTAL INC.

OWNER Hawker Pacific PROJECT No. 58-8601
LOCATION 11310 Sherman Way, Sun Valley BORING No. B-3
DRILLED BY Drill-Line PAGE 1 of 1
DRILLING METHOD Hollow Stem Auger DATE 12-1-88
BOREHOLE DEPTH 10 feet BOREHOLE DIA. 8 inches LOGGED BY MM

DEPTH (feet)	BLOW COUNT	CASING (ppm hexane)	SAMPLE	GRAPHIC LOG	USCS	DESCRIPTION OF MATERIALS
1					SP	2" Asphaltic Paving
2						SAND - medium to coarse grained, trace silt, damp to moist - moisture increasing with depth, light brown.
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**BROWN AND CALDWELL LABORATORIES****ANALYTICAL REPORT**

373 SOUTH FAIR OAKS AVENUE, PASADENA, CA 91105
(818) 795-7553 (213) 681-4655

FAX: (818) 795-8579
LOG NO: P88-12-019

Received: 01 DEC 88
Reported: 09 DEC 88

Mark Miller
Law Environmental
3420 N. San Fernando Rd., Suite 200
Burbank, CA 91504

Project: 58-8601

REPORT OF ANALYTICAL RESULTS

Page 1

LOG NO	SAMPLE DESCRIPTION, SOIL SAMPLES	DATE SAMPLED				
12-019-1	B-1 1'	01 DEC 88				
12-019-2	B-1 5'	01 DEC 88				
12-019-3	B-1 10'	01 DEC 88				
12-019-4	B-2 1'	01 DEC 88				
12-019-5	B-2 5'	01 DEC 88				
PARAMETER	12-019-1	12-019-2	12-019-3	12-019-4	12-019-5	
Vol.Pri.Poll. (EPA-8240)						
Date Extracted	12/06/88	12/06/88	12/06/88	12/06/88	12/06/88	
Dilution Factor, Times 1	1	1	1	1	1	
1,1,1-Trichloroethane, ug/kg	<5	<5	<5	<5	<5	
1,1,2,2-Tetrachloroethane, ug/kg	<5	<5	<5	<5	<5	
1,1,2-Trichloroethane, ug/kg	<5	<5	<5	<5	<5	
1,1-Dichloroethane, ug/kg	<5	<5	<5	<5	<5	
1,1-Dichloroethylene, ug/kg	<5	<5	<5	<5	<5	
1,2-Dichloroethane, ug/kg	<5	<5	<5	<5	<5	
1,2-Dichlorobenzene, ug/kg	<5	<5	<5	<5	<5	
1,2-Dichloropropane, ug/kg	<5	<5	<5	<5	<5	
1,3-Dichlorobenzene, ug/kg	<5	<5	<5	<5	<5	
cis-1,3-Dichloropropene, ug/kg	<5	<5	<5	<5	<5	
1,4-Dichlorobenzene, ug/kg	<5	<5	<5	<5	<5	
2-Chloroethylvinylether, ug/kg	<5	<5	<5	<5	<5	
2-Hexanone, ug/kg	<5	<5	<5	<5	<5	
Acetone, ug/kg	<50	<50	<50	<50	<50	
Acrolein, ug/kg	<50	<50	<50	<50	<50	
Acrylonitrile, ug/kg	<50	<50	<50	<50	<50	
Bromodichloromethane, ug/kg	<5	<5	<5	<5	<5	
Bromomethane, ug/kg	<5	<5	<5	<5	<5	

**BROWN AND CALDWELL LABORATORIES**

373 SOUTH FAIR OAKS AVENUE, PASADENA, CA 91105
(818) 795-7553 (213) 681-4655

ANALYTICAL REPORT

FAX: (818) 795-8579
LOG NO: P88-12-019

Received: 01 DEC 88
Reported: 09 DEC 88

Mark Miller
Law Environmental
3420 N. San Fernando Rd., Suite 200
Burbank, CA 91504

Project: 58-8601

REPORT OF ANALYTICAL RESULTS

Page 2

LOG NO	SAMPLE DESCRIPTION, SOIL SAMPLES	DATE SAMPLED
12-019-1	B-1 1'	
12-019-2	B-1 5'	01 DEC 88
12-019-3	B-1 10'	01 DEC 88
12-019-4	B-2 1'	01 DEC 88
12-019-5	B-2 5'	01 DEC 88

PARAMETER	12-019-1	12-019-2	12-019-3	12-019-4	12-019-5
Benzene, ug/kg	<5	<5	<5	<5	<5
Chlorobenzene, ug/kg	<5	<5	<5	<5	<5
Carbon Tetrachloride, ug/kg	<5	<5	<5	<5	<5
Chloroethane, ug/kg	<5	<5	<5	<5	<5
Bromoform, ug/kg	<5	<5	<5	<5	<5
Chloroform, ug/kg	<5	<5	<5	<5	<5
Chloromethane, ug/kg	<5	<5	<5	<5	<5
Carbon Disulfide, ug/kg	<5	<5	<5	<5	<5
Dibromochloromethane, ug/kg	<5	<5	<5	<5	<5
Ethylbenzene, ug/kg	<5	<5	<5	<5	<5
Freon 113, ug/kg	<5	<5	<5	<5	<5
Methyl Isobutyl Ketone, ug/kg	<5	<5	<5	<5	<5
Methyl Ethyl Ketone, ug/kg	<50	<50	<50	<50	<50
Methylene Chloride, ug/kg	16	6	6	5	5
Tetrachloroethylene, ug/kg	<5	<5	<5	<5	<5
Styrene, ug/kg	<5	<5	<5	<5	<5
Trichloroethylene, ug/kg	<5	<5	<5	<5	<5
Trichlorofluoromethane, ug/kg	<5	<5	<5	<5	<5
Toluene, ug/kg	<5	<5	<5	<5	<5
Vinyl Acetate, ug/kg	<50	<50	<50	<50	<50
Vinyl Chloride, ug/kg	<5	<5	<5	<5	<5

**BROWN AND CALDWELL LABORATORIES****ANALYTICAL REPORT**

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Project: 58-8601

REPORT OF ANALYTICAL RESULTS

Page 3

LOG NO	SAMPLE DESCRIPTION, SOIL SAMPLES	DATE SAMPLED				
12-019-1	B-1 1'					01 DEC 88
12-019-2	B-1 5'					01 DEC 88
12-019-3	B-1 10'					01 DEC 88
12-019-4	B-2 1'					01 DEC 88
12-019-5	B-2 5'					01 DEC 88
PARAMETER	12-019-1	12-019-2	12-019-3	12-019-4	12-019-5	
Total Xylene Isomers, ug/kg	<50	<50	<50	<50	<50	
trans-1,2-Dichloroethylene, ug/kg	<5	<5	<5	<5	<5	
trans-1,3-Dichloropropene, ug/kg	<5	<5	<5	<5	<5	

**BROWN AND CALDWELL LABORATORIES****ANALYTICAL REPORT**

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Project: 58-8601

REPORT OF ANALYTICAL RESULTS

Page 4

LOG NO	SAMPLE DESCRIPTION, SOIL SAMPLES	DATE SAMPLED			
12-019-6	B-2 10'			01 DEC 88	
12-019-7	B-3 1'			01 DEC 88	
12-019-8	B-3 5'			01 DEC 88	
12-019-9	B-3 10'			01 DEC 88	
PARAMETER	12-019-6	12-019-7	12-019-8	12-019-9	
Vol. Pri. Poll. (EPA-8240)					
Date Extracted	12/06/88	12/06/88	12/07/88	12/07/88	
Dilution Factor, Times 1	1	1	1	1	
1,1,1-Trichloroethane, ug/kg	<5	<5	<5	<5	
1,1,2,2-Tetrachloroethane, ug/kg	<5	<5	<5	<5	
1,1,2-Trichloroethane, ug/kg	<5	<5	<5	<5	
1,1-Dichloroethane, ug/kg	<5	<5	<5	<5	
1,1-Dichloroethylene, ug/kg	<5	<5	<5	<5	
1,2-Dichloroethane, ug/kg	<5	<5	<5	<5	
1,2-Dichlorobenzene, ug/kg	<5	<5	<5	<5	
1,2-Dichloropropane, ug/kg	<5	<5	<5	<5	
1,3-Dichlorobenzene, ug/kg	<5	<5	<5	<5	
cis-1,3-Dichloropropene, ug/kg	<5	<5	<5	<5	
1,4-Dichlorobenzene, ug/kg	<5	<5	<5	<5	
2-Chloroethylvinylether, ug/kg	<5	<5	<5	<5	
2-Hexanone, ug/kg	<5	<5	<5	<5	
Acetone, ug/kg	<50	<50	<50	<50	
Acrolein, ug/kg	<50	<50	<50	<50	
Acrylonitrile, ug/kg	<50	<50	<50	<50	
Bromodichloromethane, ug/kg	<5	<5	<5	<5	
Bromomethane, ug/kg	<5	<5	<5	<5	
Benzene, ug/kg	<5	<5	<5	<5	

**BROWN AND CALDWELL LABORATORIES****ANALYTICAL REPORT**

373 SOUTH FAIR OAKS AVENUE, PASADENA, CA 91105
(818) 795-7553 (213) 681-4655

FAX: (818) 795-8579

LOG NO: P88-12-019

Received: 01 DEC 88

Reported: 09 DEC 88

Mark Miller
Law Environmental
3420 N. San Fernando Rd., Suite 200
Burbank, CA 91504

Project: 58-8601

REPORT OF ANALYTICAL RESULTS

Page 5

LOG NO	SAMPLE DESCRIPTION, SOIL SAMPLES	DATE SAMPLED			
12-019-6	B-2 10'	01 DEC 88			
12-019-7	B-3 1'	01 DEC 88			
12-019-8	B-3 5'	01 DEC 88			
12-019-9	B-3 10'	01 DEC 88			
PARAMETER	12-019-6	12-019-7	12-019-8	12-019-9	
Chlorobenzene, ug/kg	<5	<5	<5	<5	
Carbon Tetrachloride, ug/kg	<5	<5	<5	<5	
Chloroethane, ug/kg	<5	<5	<5	<5	
Bromoform, ug/kg	<5	<5	<5	<5	
Chloroform, ug/kg	<5	<5	<5	<5	
Chloromethane, ug/kg	<5	<5	<5	<5	
Carbon Disulfide, ug/kg	<5	<5	<5	<5	
Dibromochloromethane, ug/kg	<5	<5	<5	<5	
Ethylbenzene, ug/kg	<5	<5	<5	<5	
Freon 113, ug/kg	<5	<5	6	9	
Methyl Isobutyl Ketone, ug/kg	<5	<5	<5	<5	
Methyl Ethyl Ketone, ug/kg	<50	<50	<50	<50	
Methylene Chloride, ug/kg	6	6	6	7	
Tetrachloroethylene, ug/kg	<5	<5	<5	<5	
Styrene, ug/kg	<5	<5	<5	<5	
Trichloroethylene, ug/kg	<5	<5	<5	<5	
Trichlorofluoromethane, ug/kg	<5	<5	<5	<5	
Toluene, ug/kg	<5	<5	<5	<5	
Vinyl Acetate, ug/kg	<50	<50	<50	<50	
Vinyl Chloride, ug/kg	<5	<5	<5	<5	
Total Xylene Isomers, ug/kg	<50	<50	<50	<50	
trans-1,2-Dichloroethylene, ug/kg	<5	<5	<5	<5	

**BROWN AND CALDWELL LABORATORIES****ANALYTICAL REPORT**

373 SOUTH FAIR OAKS AVENUE, PASADENA, CA 91105
(818) 795-7553 (213) 681-4655

FAX: (818) 795-8579

LOG NO: P88-12-019

Received: 01 DEC 88

Reported: 09 DEC 88

Mark Miller
Law Environmental
3420 N. San Fernando Rd., Suite 200
Burbank, CA 91504

Project: 58-8601

REPORT OF ANALYTICAL RESULTS

Page 6

LOG NO	SAMPLE DESCRIPTION, SOIL SAMPLES	DATE SAMPLED			
12-019-6	B-2 10'	01 DEC 88			
12-019-7	B-3 1'	01 DEC 88			
12-019-8	B-3 5'	01 DEC 88			
12-019-9	B-3 10'	01 DEC 88			
PARAMETER	12-019-6	12-019-7	12-019-8	12-019-9	
trans-1,3-Dichloropropene, ug/kg	<5	<5	<5	<5	

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Project: 58-8601

REPORT OF ANALYTICAL RESULTS

Page 7

LOG NO	SAMPLE DESCRIPTION, SOIL SAMPLES	DATE SAMPLED
12-019-10	B-1 1' BC/QC SPK	01 DEC 88
PARAMETER	12-019-10	
Vol.Pri.Poll. (EPA-8240)		
Date Extracted	12/06/88	
Dilution Factor, Times 1	1	
1,1-Dichloroethylene, Percent	130	
Benzene, Percent	100	
Chlorobenzene, Percent	105	
Trichloroethylene, Percent	85	
Toluene, Percent	105	
Other Vol.Pri.Poll. (EPA-8240)	---	

**BROWN AND CALDWELL LABORATORIES**

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ANALYTICAL REPORT

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Project: 58-8601

REPORT OF ANALYTICAL RESULTS

Page 8

LOG NO	SAMPLE DESCRIPTION, SOIL SAMPLES	DATE SAMPLED
12-019-11	B-1 1' BC/QC DUP-SPK	01 DEC 88
PARAMETER	12-019-11	
Vol.Pri.Poll. (EPA-8240)		
Date Extracted	12/06/88	
Dilution Factor, Times 1	1	
1,1-Dichloroethylene, Percent	130	
Benzene, Percent	110	
Chlorobenzene, Percent	110	
Trichloroethylene, Percent	90	
Toluene, Percent	110	
Other Vol.Pri.Poll. (EPA-8240)	---	

**BROWN AND CALDWELL LABORATORIES****ANALYTICAL REPORT**

373 SOUTH FAIR OAKS AVENUE, PASADENA, CA 91105
(818) 795-7553 (213) 681-4655

FAX: (818) 795-8579
LOG NO: P88-12-019

Received: 01 DEC 88
Reported: 09 DEC 88

Mark Miller
Law Environmental
3420 N. San Fernando Rd., Suite 200
Burbank, CA 91504

Project: 58-8601

REPORT OF ANALYTICAL RESULTS

Page 9

LOG NO	SAMPLE DESCRIPTION, NON-SALINE WATER SAMPLES	DATE SAMPLED
12-019-12	Laboratory Control Standard	
PARAMETER	12-019-12	
Vol.Pri.Poll. (EPA-8240)		
Date Extracted	12/06/88	
Dilution Factor, Times 1	1	
1,1,1-Trichloroethane, Percent	95	
1,1,2,2-Tetrachloroethane, Percent	75	
1,1,2-Trichloroethane, Percent	110	
1,1-Dichloroethane, Percent	95	
1,1-Dichloroethylene, Percent	90	
1,2-Dichloroethane, Percent	95	
1,2-Dichlorobenzene, Percent	100	
1,2-Dichloropropane, Percent	90	
1,3-Dichlorobenzene, Percent	100	
cis-1,3-Dichloropropene, Percent	80	
1,4-Dichlorobenzene, Percent	100	
2-Chloroethylvinylether, Percent	90	
2-Hexanone, Percent	105	
Acetone, Percent	85	
Acrolein, Percent	69	
Acrylonitrile, Percent	71	
Bromodichloromethane, Percent	95	
Bromomethane, Percent	160	
Benzene, Percent	90	
Chlorobenzene, Percent	100	
Carbon Tetrachloride, Percent	90	
Chloroethane, Percent	90	

**BROWN AND CALDWELL LABORATORIES****ANALYTICAL REPORT**

373 SOUTH FAIR OAKS AVENUE, PASADENA, CA 91105
(818) 795-7553 (213) 681-4655

FAX: (818) 795-8579
LOG NO: P88-12-019

Received: 01 DEC 88
Reported: 09 DEC 88

Mark Miller
Law Environmental
3420 N. San Fernando Rd., Suite 200
Burbank, CA 91504

Project: 58-8601

REPORT OF ANALYTICAL RESULTS

Page 10

LOG NO	SAMPLE DESCRIPTION, NON-SALINE WATER SAMPLES	DATE SAMPLED
12-019-12	Laboratory Control Standard	
PARAMETER	12-019-12	
Bromoform, Percent	75	
Chloroform, Percent	100	
Chloromethane, Percent	80	
Carbon Disulfide, Percent	80	
Dibromochloromethane, Percent	95	
Ethylbenzene, Percent	90	
Freon 113, Percent	85	
Methyl Isobutyl Ketone, Percent	95	
Methyl Ethyl Ketone, Percent	110	
Methylene Chloride, Percent	75	
Tetrachloroethylene, Percent	85	
Styrene, Percent	90	
Trichloroethylene, Percent	95	
Trichlorofluoromethane, Percent	65	
Toluene, Percent	80	
Vinyl Acetate, Percent	55	
Vinyl Chloride, Percent	205	
Total Xylene Isomers, Percent	88	
trans-1,2-Dichloroethylene, Percent	80	
trans-1,3-Dichloropropene, Percent	80	

**BROWN AND CALDWELL LABORATORIES****ANALYTICAL REPORT**

373 SOUTH FAIR OAKS AVENUE, PASADENA, CA 91105
(818) 795-7553 (213) 681-4655

FAX: (818) 795-8579

LOG NO: P88-12-019

Received: 01 DEC 88

Reported: 09 DEC 88

Mark Miller
Law Environmental
3420 N. San Fernando Rd., Suite 200
Burbank, CA 91504

Project: 58-8601

REPORT OF ANALYTICAL RESULTS

Page 11

LOG NO	SAMPLE DESCRIPTION, BLANK WATER SAMPLES	DATE SAMPLED
12-019-13	Reagent Blank	
PARAMETER	12-019-13	
Vol.Pri.Poll. (EPA-8240)		
Date Extracted	12/06/88	
Dilution Factor, Times 1	1	
1,1,1-Trichloroethane, ug/L	<5	
1,1,2,2-Tetrachloroethane, ug/L	<5	
1,1,2-Trichloroethane, ug/L	<5	
1,1-Dichloroethane, ug/L	<5	
1,1-Dichloroethylene, ug/L	<5	
1,2-Dichloroethane, ug/L	<5	
1,2-Dichlorobenzene, ug/L	<5	
1,2-Dichloropropane, ug/L	<5	
1,3-Dichlorobenzene, ug/L	<5	
cis-1,3-Dichloropropene, ug/L	<5	
1,4-Dichlorobenzene, ug/L	<5	
2-Chloroethylvinylether, ug/L	<5	
2-Hexanone, ug/L	<5	
Acetone, ug/L	<50	
Acrolein, ug/L	<50	
Acrylonitrile, ug/L	<50	
Bromodichloromethane, ug/L	<5	
Bromomethane, ug/L	<5	
Benzene, ug/L	<5	
Chlorobenzene, ug/L	<5	
Carbon Tetrachloride, ug/L	<5	
Chloroethane, ug/L	<5	

**BROWN AND CALDWELL LABORATORIES****ANALYTICAL REPORT**

373 SOUTH FAIR OAKS AVENUE, PASADENA, CA 91105
(818) 795-7553 (213) 681-4655

FAX: (818) 795-8579
LOG NO: P88-12-019

Received: 01 DEC 88
Reported: 09 DEC 88

Mark Miller
Law Environmental
3420 N. San Fernando Rd., Suite 200
Burbank, CA 91504

Project: 58-8601

REPORT OF ANALYTICAL RESULTS

Page 12

LOG NO	SAMPLE DESCRIPTION, BLANK WATER SAMPLES	DATE SAMPLED
12-019-13	Reagent Blank	
PARAMETER	12-019-13	
Bromoform, ug/L	<5	
Chloroform, ug/L	<5	
Chloromethane, ug/L	<5	
Carbon Disulfide, ug/L	<5	
Dibromochloromethane, ug/L	<5	
Ethylbenzene, ug/L	<5	
Freon 113, ug/L	6	
Methyl Isobutyl Ketone, ug/L	<5	
Methyl Ethyl Ketone, ug/L	<50	
Methylene Chloride, ug/L	9	
Tetrachloroethylene, ug/L	<5	
Styrene, ug/L	<5	
Trichloroethylene, ug/L	<5	
Trichlorofluoromethane, ug/L	<5	
Toluene, ug/L	<5	
Vinyl Acetate, ug/L	<50	
Vinyl Chloride, ug/L	<5	
Total Xylene Isomers, ug/L	<50	
trans-1,2-Dichloroethylene, ug/L	<5	
trans-1,3-Dichloropropene, ug/L	<5	


Jeffrey A. Erion, Laboratory Manager



BROWN AND CALDWELL LABORATORIES

373 SOUTH FAIR OAKS AVENUE PASADENA CA 91105 • (818) 795-7553

January 3, 1989

Mr. Warren Gross
Law Environmental
3420 North San Fernando Road, Suite 200
Burbank, California 91504

Project: 58-8601

Subject: Methylene Chloride Contamination in the Laboratory

Dear Mr. Gross:

As we discussed with the low-level 8240 analyses for Brown and Caldwell Laboratories log number P88-12-019, methylene chloride is a common laboratory contaminant used in several organic sample preparation, including Methods 625 and 608. Although we take special precautions to isolate the use of methylene chloride, we cannot eliminate this compound entirely from the laboratory atmosphere. The levels of methylene chloride vary, not only from day to day, but also from morning to evening, depending upon the type of sample preparation activity taking place in the laboratory. We typically see between 2 and 10 ug/L methylene chloride in our laboratory blanks.

We reported a blank value of 9 ug/L methylene chloride with your report. The sample values ranged from 6 to 16 ug/kg methylene chloride. This is laboratory contamination and this variance is within reason.

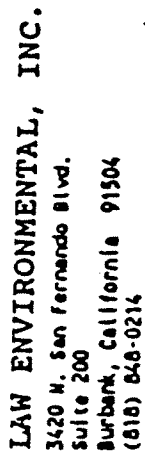
Should you have any questions, please do not hesitate to call us.

Very truly yours,

BROWN AND CALDWELL

Jane Freemyer
Client Services Manager

JF:lah



CHAIN OF CUSTODY RECORD

Lab Log Number 088-12-019

Signature

Signature	Company	Date	Time
Relinquished by <i>Mark I. Miller</i>	LAW ENVIRONMENTAL B.C.A.C.	12/1/88	7:35 PM
Received by <i>R. E. Turner</i>		12/1/88	7:35 PM
Relinquished by			
Received by			
Relinquished by			
Received by			

NOTE: Samples are discarded 90 days after collection.

NOTE: Samples are discarded 30 days after results are reported, unless other arrangements are made. Hazardous samples will be returned to client or disposed of at client expense.

*AQ - Aqueous; NA - Nonaqueous; SL - Sludge; GW - Ground Water; SO - Soil; PE - Petroleum; OT - Other

2166-01089

2166-01089

type (Form designed for use on elite (12-pitch typewriter))

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

Flight Accessory Service
11370 Sherman Way, Sun Valley, CA

4. Generator's Phone (818) 765-3201

5. Transporter 1 Company Name

King + King Oil

6. US EPA ID Number

CA 09 811 423 320

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

PRI 1835 E. 29th St.

Signal Hill, CA. KATIA 1104110519

10. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

LA 246160110519

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

a. Combustible Liquid

Waste oil + water N.O.S NA 1270 0.0111011475 Gal

State

721
EPA/Other

b.

State

EPA/Other

c.

State

EPA/Other

d.

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

Waste oil + water

15. Special Handling Instructions and Additional Information

Rubber Gloves + Safety Glasses

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Jesse Cabrera

Signature

Jesse Cabrera

Month Day Year

10/11/89

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Kenneth T. King

Signature

Kenneth T. King

Month Day Year

10/11/89

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

10/11/89

19. Discrepancy Indication Space

HP 000001

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Pete Madrid

Signature

Pete Madrid

Month Day Year

10/11/89

Please print or type. (Form designed for use on elite (12-pitch typewriter).)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA DCO 0646257		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address Flight Accessory Services 11300 CHILMARK COURT SAN BERNARDINO						A. State Manifest Document Number 01045401							
4. Generator's Phone (951) 75-6001						B. State Generator's ID HA4Q36022066							
5. Transporter 1 Company Name KING & KING OIL			6. US EPA ID Number PA0981423320			C. State Transporter's ID							
7. Transporter 2 Company Name			8. US EPA ID Number			D. Transporter's Phone							
9. Designated Facility Name and Site Address PACIFIC ELECTRIC ST Sig - 2 1st St.						10. US EPA ID Number CAT090911057							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. Combustible Liquid WASTE OIL & OIL NOS. 1A 1270						500 TT 05950 G						State 221 EPA/Other	
b.												State EPA/Other	
c.												State EPA/Other	
d.												State EPA/Other	
J. Additional Descriptions for Materials Listed Above WASTE OIL & WATER.						K. Handling Codes for Wastes Listed Above a. RCI b. c. d.							
15. Special Handling Instructions and Additional Information Kerosene, Gasoline & SAFETY GLASSES													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name Jesse Cabria						Signature Jesse Cabria						Month Day Year 10/24/89	
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name CONCEPCION GARRERA						Signature Concepcion Garrera						Month Day Year 10/24/89	
18. Transporter 2 Acknowledgement of Receipt of Materials													
Printed/Typed Name						Signature						Month Day Year	
19. Discrepancy Indication Space													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name Signature Month Day Year													

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA101010614477		Manifest Document No. 1111		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.						
3. Generator's Name and Mailing Address Flight Accessory Service 11310 Sherman Way, San Diego, CA 92152						A. State Manifest Document Number 87040466								
4. Generator's Phone (818) 745-6201						B. State Generator's ID CA101010614477								
5. Transporter 1 Company Name Kings & King Oil			6. US EPA ID Number CA09811425320			C. State Transporter's ID								
7. Transporter 2 Company Name			8. US EPA ID Number			D. Transporter's Phone (213) 429-6500								
						E. State Transporter's ID								
						F. Transporter's Phone								
9. Designated Facility Name and Site Address PRI 1835 E. 29th St Signal Hill, CA						G. State Facility's ID CA101010614477								
						H. Facility's Phone 213-565-6597								
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) Combustible Liquid Waste Oil + Water NOS. NA 1270						12. Containers		13. Total Quantity		14. Unit		1. Waste No.		
						No.	Type			Wt/Vol				
<div style="text-align: center;">TOXIC</div>												State 221		
												EPA/Other		
												State		
												EPA/Other		
												State		
												EPA/Other		
												State		
												EPA/Other		
J. Additional Descriptions for Materials Listed Above Waste Oil + Water						K. Handling Codes for Wastes Listed Above								
						a. RD1		b.						
						c.		d.						
15. Special Handling Instructions and Additional Information Rubber Gloves + Safety Goggles														
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.														
Printed/Typed Name Jesse Cabrera					Signature <i>Jesse Cabrera</i>					Month Day Year 10/1/89				
17. Transporter 1 Acknowledgement of Receipt of Materials														
Printed/Typed Name Jesse Cabrera					Signature <i>Jesse Cabrera</i>					Month Day Year 10/1/89				
18. Transporter 2 Acknowledgement of Receipt of Materials														
Printed/Typed Name					Signature					Month Day Year				
19. Discrepancy Indication Space														
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.										HP 000003				
Printed/Typed Name Reto Carrera					Signature <i>Reto Carrera</i>					Month Day Year 10/1/89				

Please print or type. (Form designed for use on elite (12-pitch typewriter).)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA D00 0646257		Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address Flight Accessory Service 1310 Sherman Way Sun Valley, CA 91352					A. State Manifest Document Number 87556352		
4. Generator's Phone (818) 765-6201					B. State Generator's ID HA HQ36022066		
5. Transporter 1 Company Name KING + KING					C. State Transporter's ID 54200		
7. Transporter 2 Company Name					D. Transporter's Phone (213) 437-6500		
6. US EPA ID Number CA D981423320					E. State Transporter's ID		
8. US EPA ID Number					F. Transporter's Phone		
9. Designated Facility Name and Site Address PRI 1835 E 27th ST. Signal Hill, Ca					G. State Facility's ID HA 10661250		
10. US EPA ID Number CA 090011059					H. Facility's Phone (213) 395-6597		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
				No.	Type		
a. Combustible Liquid WASTE OIL + WATER NOS NA 1270				0101TT	00850	G	State 21 EPA/Other
b.							State EPA/Other
c.							State EPA/Other
d.							State EPA/Other
J. Additional Descriptions for Materials Listed Above WASTE OIL + WATER				K. Handling Codes for Wastes Listed Above a. ROL b. c. d.			
15. Special Handling Instructions and Additional Information Rubber Gloves + Safety Glasses.							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name Jesse Cabrera				Signature <i>Jesse Cabrera</i>		Month Day Year 10/3/1987	
17. Transporter 1 Acknowledgement of Receipt of Materials							
Printed/Typed Name J. Gonzalez Carra				Signature <i>J. Gonzalez Carra</i>		Month Day Year 08/10/89	
18. Transporter 2 Acknowledgement of Receipt of Materials							
Printed/Typed Name				Signature		Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.							
Printed/Typed Name Loren Brooks				Signature <i>Loren Brooks</i>		Month Day Year 10/31/87	

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. **62**
CA 000063100017

Manifest Document No.

2. Page 1 of

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

Flight Accessory Services
11310 Sherman Way Sun Valley, CA 91352

4. Generator's Phone (**818**) **765-6201**

A. State Manifest Document Number

88303411

B. State Generator's ID

5. Transporter 1 Company Name

Disposal Control Service

6. US EPA ID Number

CA 00080034124

C. State Transporter's ID

CA 00036926906

D. Transporter's Phone

714-983-0342

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

Pacific Treatment
P.O. Box 13626
San Diego, CA 92113

10. US EPA ID Number

CA 00095894556

G. State Facility's ID

CA 00095894556

H. Facility's Phone

619-233-0424

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

California regulated waste only

12. Containers
No. Type

000110421006

13. Total Quantity

14. Unit
Wt/Vol

L. Waste No.

State
135

EPA/Other

N/A

State

EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

water 85-90%
mud 10-15%
waste water, sump

K. Handling Codes for Wastes Listed Above

a. b.

c. d.

15. Special Handling Instructions and Additional Information

Wear appropriate personal protective equipment.

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

Erik Johnson

Signature

Month Day Year

11/22/89

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Dave Dade

Signature

Month Day Year

08/29/89

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

2166-01089

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address FLIGHT ACCESSORY SERVICES 11310 SHERMAN WAY, SUN VALLEY CA 91352		CAT0006462576456		A. State Manifest Document Number 01010100	
4. Generator's Phone (213) 875 2930		6. US EPA ID Number 91252		B. State Generator's ID HAHQ36022066	
5. Transporter 1 Company Name KING & KING RAINCILL CAD		8. US EPA ID Number 981423320		C. State Transporter's ID 54200	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (213) 439 8500	
9. Designated Facility Name and Site Address F.R.I. 1835 E. 29 ST. SIGNAL HILL, CA		10. US EPA ID Number CAT080011059		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID	
				H. Facility's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit	I. Waste No.
a. WASTE WATER & OIL		No. 001	Type TT	9	State 221
				9505	EPA/Other
b.					State
					EPA/Other
c.					State
					EPA/Other
d.					State
					EPA/Other
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above			
		a.		b.	
		c.		d.	
15. Special Handling Instructions and Additional Information RUBBER GLOVES, SAFETY GLASSES.					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name STANLEY G. LASALLE		Signature Stanley G. LaSalle		Month Day Year 01/12/88	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature Kenneth T. King		Month Day Year 01/13/88	
Printed/Typed Name KENNETH T. KING		Signature		Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Month Day Year	
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. HP 000006					
Printed/Typed Name		Signature		Month Day Year	

Please print or type. (Form designed for use on elite (12-pitch typewriter).)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAT00006462576457		Manifest Document No.		2. Page 1 of		Information in the shaded areas is not required by Federal law.			
3. Generator's Name and Mailing Address FLIGHT ACCESSORY SERVICES 11310 SHEKMAN WAY, SUN VALLEY CA 91352						A. State Manifest Document Number 010-0401					
4. Generator's Phone (213) 875-2930						B. State Generator's ID H AHG36022069					
5. Transporter 1 Company Name KING & KING LITHIN OIL						C. State Transporter's ID 54200					
6. US EPA ID Number LA D981 423320						D. Transporter's Phone 213 4398120					
7. Transporter 2 Company Name						E. State Transporter's ID					
8. US EPA ID Number						F. Transporter's Phone					
9. Designated Facility Name and Site Address PRI 1835 E. 31ST. SIGNAL HILL CA						G. State Facility's ID					
10. US EPA ID Number CAT080011059						H. Facility's Phone					
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol	
a. WASTE WATER & OIL						001 TT 00870 G				I. Waste No. State 221 EPA/Other	
b.										State EPA/Other	
c.										State EPA/Other	
d.										State EPA/Other	
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above a. b. c. d.					
15. Special Handling Instructions and Additional Information LUBRIC GLUCES, SAFETY GLASSES											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.											
Printed/Typed Name STANLEY G. L. SALLE						Signature Stanley G. L. Salle				Month Day Year 01 26 88	
17. Transporter 1 Acknowledgement of Receipt of Materials											
Printed/Typed Name						Signature				Month Day Year 01 21 88	
18. Transporter 2 Acknowledgement of Receipt of Materials											
Printed/Typed Name						Signature				Month Day Year	
19. Discrepancy Indication Space											
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19											
Printed/Typed Name						Signature				Month Day Year	

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. **CA 004 0257** Manifest Document No.

2. Page 1 of 1 Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address
FLIGHT ACCIDENT SERVICES
11310 SHEPHERD WAY SAN VALLEY CA 95752
4. Generator's Phone **(916) 375-2700**

A. State Manifest Document Number
01040401
B. State Generator's ID
HA4836023046

5. Transporter 1 Company Name
KING KIRKLAND IL 6. US EPA ID Number
CA 004 0257

C. State Transporter's ID
15 487 50

7. Transporter 2 Company Name 8. US EPA ID Number

E. State Transporter's ID
F. Transporter's Phone

9. Designated Facility Name and Site Address
ENVIRONMENTAL
SIGNAL HILL CA 10. US EPA ID Number
CA 004 0257

G. State Facility's ID
H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	12. Containers		13. Total Quantity	14. Unit Wt/Vol	1. Waste No.
	No.	Type			
a. WASTE WATER AND OIL MRS NA 1270 COMBUSTIBLE LIQUID	201	T	10,135.0	G	State 221 EPA/Other
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other

J. Additional Descriptions for Materials Listed Above
WASTE OIL AND WATER

K. Handling Codes for Wastes Listed Above
a. **R01**
b.
c.
d.

15. Special Handling Instructions and Additional Information
WIPER GLOVES, SAFETY GLASSES

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.
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Printed/Typed Name **FRANK RAGER** Signature **Frank Rager** Month **3** Day **3** Year **97**

17. Transporter 1 Acknowledgement of Receipt of Materials
Printed/Typed Name **JOHN RAGAN** Signature **John Ragan** Month **3** Day **3** Year **97**

18. Transporter 2 Acknowledgement of Receipt of Materials
Printed/Typed Name Signature Month Day Year

19. Discrepancy Indication Space
HP 000008

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.
Printed/Typed Name Signature Month Day Year

Please print or type. (Form designed for use on elite (12-pitch typewriter).)

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

CAD00064625704218

Manifest Document No.

2. Page 1 of 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

FLIGHT ACCESSORY SERVICES
1310 CHATELAIN LANE, SUITE 100, CALIF. 95001

4. Generator's Phone (916) 766-4201

5. Transporter 1 Company Name

RHC-CHEM CORP.

6. US EPA ID Number

CAD000334432

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

RHC-CHEM CORP.
425 ISIDORE, IN. 46001, CALIF. 95001

10. US EPA ID Number

CAD0008364432

A. State Manifest Document Number

87758182

B. State Generator's ID

H AHQ3602206A

C. State Transporter's ID

8/10/82

D. Transporter's Phone

213-776-6233

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAD0008364432

H. Facility's Phone

213-776-6233

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No. Type

13. Total Quantity

14. Unit

Wt/Vol

I. Waste No.

a. WHIT. PLAST. LINED NOS NA-1640

7 DIA

3506

State

211

EPA/Other

F-001

b.

State

EPA/Other

c.

State

EPA/Other

d.

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

TRI. 1,1,1 - WATER + METAL FINES
80% TRI. 1,1,1 12 METAL FINES
19% WATER

K. Handling Codes for Wastes Listed Above

a. b.

c. d.

15. Special Handling Instructions and Additional Information

ARRON GLOVES GOGGLES

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

ERIK JOHNSON

Signature

[Signature]

Month Day Year

11 16 82

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

ICEA 215

Signature

[Signature]

Month Day Year

11 16 82

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11 16 82

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

11 16 82

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address FLIGHT ACCESSORY SERVICES 1010 CHERMAN RD, SUN VALLEY, CA 91352		4. Generator's Phone (213) 375-2730		A. State Manifest Document Number 010-TC-00	
5. Transporter 1 Company Name KING-KING INC.		6. US EPA ID Number CA07811423320		B. State Generator's ID H1A1H131610229514	
7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID 54-55	
9. Designated Facility Name and Site Address F.R.I., 1835 E. 29 ST. SIGNAL HILL, CA		10. US EPA ID Number CAT0809011059		D. Transporter's Phone 213-412-2700	
				E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID	
				H. Facility's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. CARBONATE LIQUID WASTE OIL + WATER ACS. 44.1270		991	TIT	1750	G
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above RUBBER GLOVES + SAFETY GLASSES		K. Handling Codes for Wastes Listed Above a. 401 b. c. d.			
15. Special Handling Instructions and Additional Information RUBBER GLOVES + SAFETY GLASSES					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name ERIK R JOHNSON		Signature Erik R Johnson		Month Day Year 10/17/92	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name [Signature]		Signature [Signature]		Month Day Year 10/17/92	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name		Signature		Month Day Year	

Please print or type. (Form designed for use on elite (12-pitch typewriter).)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA1010016141612151701412108		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.		
3. Generator's Name and Mailing Address FLIGHT ACCESSORY SERVICES 11510 SHILLYMAN WAY, SUN VALLEY CAL. 91352						A. State Manifest Document Number 87046462				
4. Generator's Phone (818) 765 6201						B. State Generator's ID H1AHLQ31610212106161				
5. Transporter 1 Company Name KING & KING OIL			6. US EPA ID Number CA10101912111412131210			C. State Transporter's ID				
7. Transporter 2 Company Name			8. US EPA ID Number			D. Transporter's Phone 213-839-8500				
9. Designated Facility Name and Site Address P.R.I. 1835 E 29TH ST, SIGNAL HILL CA 10AT0801011059						E. State Transporter's ID				
10. US EPA ID Number						F. Transporter's Phone				
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		
a. WASTE OIL NOS, N.A. 1270 COMBUSTABLE LIQUID b. c. d.						No.	Type	Unit Wt/Vol	Waste No.	
										State
										EPA/Other
										State
										EPA/Other
J. Additional Descriptions for Materials Listed Above WASTE OIL + WATER						K. Handling Codes for Wastes Listed Above				
						a.		b.		
						c.		d.		
15. Special Handling Instructions and Additional Information RUBBER GLOVES, SAFETY GLASSES										
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.										
Printed/Typed Name ERIK JOHNSON					Signature <i>Erik Johnson</i>			Month Day Year 10/4/25/88		
17. Transporter 1 Acknowledgement of Receipt of Materials										
Printed/Typed Name J. King					Signature <i>J. King</i>			Month Day Year 10/4/25/88		
18. Transporter 2 Acknowledgement of Receipt of Materials										
Printed/Typed Name					Signature			Month Day Year		
19. Discrepancy Indication Space										
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.										
Printed/Typed Name V.P. TRIPPE					Signature <i>V.P. Tripp</i>			Month Day Year 10/4/25/88		

DS 8022 A (1/87)

EPA 8700-22

(Rev. 9-86) Previous editions are obsolete.

Yellow: TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

Please print or type. (Form designed for use on elite (12-pitch typewriter).

UNIFORM HAZARDOUS
WASTE MANIFEST

1. Generator's US EPA ID No.

C1A1D1010101614161215171016101918

Manifest
Document No.2. Page 1
1 of 1Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

FLIGHT ACCESSORY SERVICE
1010 SHERMAN WAY SAN JALISCO, CA 95122

4. Generator's Phone (415) 741-1111

5. Transporter 1 Company Name

DISPOSAL CONTROL

6.

US EPA ID Number

L10101010101014111614

7. Transporter 2 Company Name

8.

US EPA ID Number

9. Designated Facility Name and Site Address

DE MEINNO SELLON
2000 N. 10TH AVE.

COMPTON, CA 91722

10.

US EPA ID Number

L10101010101013111512

A. State Manifest Document Number

87643464

B. State Generator's ID

H1F1H1Q13161012101610

C. State Transporter's ID

809921

D. Transporter's Phone (707) 800-8434

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

1-213-337-3100

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

HAZARDOUS WASTE - USED OIL
CLEAN - 1589

12. Containers

No.

Type

13. Total

Quantity

14. Unit

Wt/Vol

15. Waste No.

State

223
EPA/Other

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

HAZARDOUS WASTE - USED OIL

K. Handling Codes for Wastes Listed Above

a.

b.

c.

d.

15. Special Handling Instructions and Additional Information

16.

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Printed/Typed Name

ERIK JOHNSON

Signature

Month Day Year

10/6/23/88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

10/6/23/88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

10/6/23/88

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

HP 000012

Printed/Typed Name

Signature

Month Day Year

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

FLIGHT ACCESSORY SERVICE
11310 SHERMAN WAY, SUN VALLEY, CALIF

4. Generator's Phone

818-745-5201

5. Transporter 1 Company Name

DISPOSAL CONTROL

6. US EPA ID Number

K101210121017418125

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

CASMAIA RESOURCE MANAGEMENT

NTU ROAD

CASMAIA, CA 97429 K101210121017418125

10. US EPA ID Number

A. State Manifest Document Number

87643475

B. State Generator's ID

H1A1HQB36D22016161

C. State Transporter's ID

809885

D. Transporter's Phone

7-80-824-3545

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

C1A1210121017418125

H. Facility's Phone

1-805-937-8449

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

HAZARDOUS WASTE SOLID

NOS- OXM-E, N.A. 9189

12. Containers

No. Type

210B DM

13. Total Quantity

14. Unit Wt/Vol

1. Waste No.

State

352

EPA/Other

N/A

State

EPA/Other

State

EPA/Other

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

CHLORINATED SOLVENTS - 3.999.61 PPM

OIL + GREASE

- 5.09 mg/kg

K. Handling Codes for Wastes Listed Above

a.

b.

c. 63

d.

15. Special Handling Instructions and Additional Information

RUBBER GLOVES, SAFETY GLASSES

16.

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Printed/Typed Name

ERIC JOHNSON

Signature

Eric Johnson

Month Day Year

10-21-87

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Jimmy Lizardo

Signature

Jimmy Lizardo

Month Day Year

10-21-87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

10-21-87

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Casmalia Resources

Signature

Gannis Fraloy

Month Day Year

10-21-87

HP 000013

Please print or type. (Form designed for use on elite (12-pitch typewriter).)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAAD000646257464132		Manifest Document No. 57464132		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.			
3. Generator's Name and Mailing Address FLIGHT ACCESSORY SERVICES 11210 SHERMAN WAY, SUN VALLEY CA 91352						A. State Manifest Document Number 87646455					
4. Generator's Phone (213) 875-2930						B. State Generator's ID HAHQ369320169					
5. Transporter 1 Company Name RHO-CHEM						C. State Transporter's ID 213-776-6233					
6. US EPA ID Number CAAD000936144312						D. Transporter's Phone					
7. Transporter 2 Company Name						E. State Transporter's ID					
8. US EPA ID Number						F. Transporter's Phone					
9. Designated Facility Name and Site Address RHO-CHEM CORP. 425 ISIS AVE. INGLEWOOD CALIF. 90301						G. State Facility's ID CAAD000831644132					
10. US EPA ID Number CAAD000831644132						H. Facility's Phone 213-776-6233					
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol	
a. WASTE ORM-A LIQUID NOS N.A. 1693						No.		Type		Waste No.	
						113 DM		1145 G		State 211 EPA/Other F-001	
b. WASTE FLAMABLE LIQUID UN 1255						112 DM		1145 G		State 213 EPA/Other D-001	
										State EPA/Other	
c.										State EPA/Other	
										State EPA/Other	
d.										State EPA/Other	
										State EPA/Other	
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above					
11a. TK1 111. 80% WATER 19% METAL FINES						01		01			
11b. Petroleum Naphtha 90% Toluene 10%											
15. Special Handling Instructions and Additional Information ATKON GLOVES, GOGGLES											
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.											
Printed/Typed Name Erik Johnson						Signature ERIK JOHNSON					
17. Transporter Acknowledgement of Receipt of Materials						Month Day Year 11/1/88					
Printed/Typed Name MUTHOLY William						Signature William Mutholy					
18. Transporter Acknowledgement of Receipt of Materials						Month Day Year					
Printed/Typed Name						Signature					
19. Discrepancy Indication Space											
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.											
Printed/Typed Name Cosme Cerritos						Signature Cosme Cerritos					
						Month Day Year 10/9/88					

8022 A (1/87)

8700-22

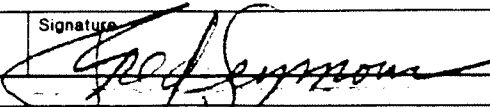
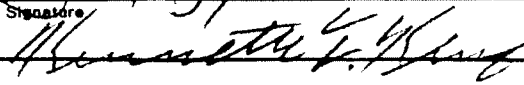
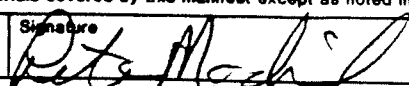
8-88 Previous editions are obsolete.

Yellow: TSDf SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

Please print or type. (Form designed for use on elite (12-pitch typewriter).)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		Manifest Document No.		2. Page 1 of		Information in the shaded areas is not required by Federal law.																							
		LAT 0101016462573181618																													
3. Generator's Name and Mailing Address FLIGHT ACCESSORY SERVICES 11310 SHERMAN WAY SUN VALLEY CA.		4. Generator's Phone (913) 875-2936		5. Transporter 1 Company Name KING & KING DRAIN OIL		6. US EPA ID Number KAID918114131310		7. Transporter 2 Company Name _____		8. US EPA ID Number _____		9. Designated Facility Name and Site Address PRI 1835 E. 29TH ST SIGNAL HILL CA.		10. US EPA ID Number CA1701810101110159		A. State Manifest Document Number 87553868		B. State Generator's ID HA1A10131012101616		C. State Transporter's ID 54200		D. Transporter's Phone (213) 439-8500		E. State Transporter's ID _____		F. Transporter's Phone _____		G. State Facility's ID CA1701810101110159		H. Facility's Phone _____	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) WASTE WATER & OIL NOS NA 1270 Combustible Liquid		12. Containers No. Type 0011 TIT		13. Total Quantity 01300		14. Unit PS		15. Waste No. 221		State CA		EPA/Other G		State CA		EPA/Other G		State CA		EPA/Other G											
J. Additional Descriptions for Materials Listed Above WASTE OIL & WATER		K. Handling Codes for Wastes Listed Above RO1		a.		b.		c.		d.		State CA		EPA/Other G		State CA		EPA/Other G													
15. Special Handling Instructions and Additional Information RUBBER GLOVES, SAFETY GLASSES		16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.		Printed/Typed Name FRED SEYMOUR		Signature 		Month Day Year 10/19/88		Printed/Typed Name KENNETH T. KING		Signature 		Month Day Year 10/19/88		Printed/Typed Name _____		Signature _____		Month Day Year _____											
19. Discrepancy Indication Space _____		20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name JOE MACARIO		Signature 		Month Day Year 09/21/88		HP 000015		Instructions on the back		Yellow: TSDf SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS		IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550																	

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-9661
CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

Manifest Document No.

2. Page 1

Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

Flight Accessory Services
11310 Sherman Way, Sun Valley, CA 91352

4. Generator's Phone

818 765-6201

5. Transporter 1 Company Name

Disposal Control

6. US EPA ID Number

CAT080034184

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

Kettleman Hills Facility
35251 Skyline Rd.
Kettleman Hill City, CA

10. US EPA ID Number

CAT00616117

A. State Manifest Document Number

88076222

B. State Generator's ID

HAHQ36022066

C. State Transporter's ID

33333333

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

CAT00616117

H. Facility's Phone

(510) 86-1711

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

13. Total Quantity

14. Unit

15. Waste No.

a. Hazardous Waste Solid R.Q.
HOS-CHM-E-NA 9189

11/14 DIM 10004 Y

State 181
EPA/Other F006/D006
State

b. Hazardous Waste Solid R.Q.
HOS-CHM-E-NA 9189

11/14 DIM 10004 Y

State 181
EPA/Other F006/D006
State

c. Hazardous Waste Solid R.Q.
HOS-CHM-E-NA 9189

11/14 DIM 10004 Y

State 181
EPA/Other F006/D006
State

d. Hazardous Waste Solid R.Q.
HOS-CHM-E-NA 9189

11/14 DIM 10004 Y

State 181
EPA/Other F006/D006
State

J. Additional Descriptions for Materials Listed Above

A) See Profile E-65268
B) See Profile J-15003
C) See Profile J-15004
D) See Profile J-15002

K. Handling Codes for Wastes Listed Above

a. b. c. d.

15. Special Handling Instructions and Additional Information

Gloves, Goggles

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

Erik Johnson

Signature

Erik Johnson

Month Day Year

12 9 88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Michael B. Uhlir

Signature

Michael B. Uhlir

Month Day Year

12 9 88

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

Instructions on the Back

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

CAD0000646257

Manifest
Document No.

9101011

2. Page 1

1 of 3

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

Flight Accessory Services
11310 Sherman Way, San Valley, CA 91352

4. Generator's Phone (818 762-6201

A. State Manifest Document Number

88076223

B. State Generator's ID

HAHQ36022066

C. State Transporter's ID

107068

D. Transporter's Phone 1-800-824-3345

5. Transporter 1 Company Name

Disposal Control Service

6. US EPA ID Number

CAT080034284

7. Transporter 2 Company Name

8. US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

Casmalia Resource Management
RTU Road
Casmalia, CA 93429

10. US EPA ID Number

CAD0020748125

G. State Facility's ID

CAD020748125

H. Facility's Phone

1-805-937-8449

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

I. Waste No.

a. Hazardous Waste Solid R.Q.
R08-000-B-NA 9189

001 B.M. 10 1/4 Y

State 181
EPA/Other 0006

b. Hazardous Waste Solid R.Q.
R08-000-B-NA 9189

002 B.M. 10 1/2 Y

State 181
EPA/Other 0006

c.

State

EPA/Other

d.

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

A) See Attached Analysis
B) See Attached Analysis
cc, dd

K. Handling Codes for Wastes Listed Above

a. b.
c. d.

15. Special Handling Instructions and Additional Information

Gloves, Goggles

16.

GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

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Printed/Typed Name

Erik Johnson

Signature

Erik Johnson

Month Day Year

07 07 88

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Michael B. VanAlstine

Signature

Michael B. VanAlstine

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-6802; WITHIN CALIFORNIA CALL 1-800-862-7550

GENERATOR

TRANSPORTER

FACILITY

Information in the shaded areas
is not required by Federal law.

YELLOW: GENERATOR RETAINS

Please print or type. (Form designed for use on elite (12-pitch typewriter).

Instructions on the Back

88076220
 IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA120000646257111298		Manifest Document No. 1 of 1		2. Page 1 Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address FLIGHT ACCESSORY SERVICE 11310 SHEKMAN WAY SUN VALLEY CAL 4. Generator's Phone (818) 745-4201 71252				A. State Manifest Document Number 88076220			
5. Transporter 1 Company Name KING & KING OIL				B. State Generator's ID H 1A1H0316121210161			
6. US EPA ID Number CA1201981142313210				C. State Transporter's ID 54280			
7. Transporter 2 Company Name				D. Transporter's Phone 213-439-2500			
8. US EPA ID Number				E. State Transporter's ID			
9. Designated Facility Name and Site Address PRC, 1835 E. 29TH ST SIGNAL HILL, CALIF.				F. Transporter's Phone			
10. US EPA ID Number CA12081010111059				G. State Facility's ID C 1A1H081010111059			
H. Facility's Phone 1-213-545-4597							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.		
a. COMBUSTIBLE LIQUID WASTE OIL NOS. 1A 1270		1	0105125	G	State 221 EPA/Other		
b.					State EPA/Other		
c.					State EPA/Other		
d.					State EPA/Other		
J. Additional Descriptions for Materials Listed Above WASTE OIL & WATER				K. Handling Codes for Wastes Listed Above			
				a. RO1			
				b.			
				c.			
				d.			
15. Special Handling Instructions and Additional Information RUBBER GLOVES, SAFETY GLASSES							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.							
Printed/Typed Name				Signature		Month Day Year	
17. Transporter 1 Acknowledgement of Receipt of Materials							
Printed/Typed Name J. CARRERA				Signature <i>J. Carrera</i>		Month Day Year 11/24/88	
18. Transporter 2 Acknowledgement of Receipt of Materials							
Printed/Typed Name				Signature		Month Day Year	
19. Discrepancy Indication Space							
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.							
Printed/Typed Name J. Luis Paz				Signature <i>J. Luis Paz</i>		Month Day Year 11/30/88	

Please print or type. (Form designed for use on elite (12-pitch typewriter).)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAD000646257		Manifest Document No. 172116		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address FLIGHT SERVICES & SERVICES 1130 SHIMM WAY SAN V. N. CA 95722						A. State Manifest Document Number 8155572							
4. Generator's Phone (916) 727-4201						B. State Generator's ID H A H Q 3 6 0 2 2 0 6 6							
5. Transporter 1 Company Name KING & KING OIL				6. US EPA ID Number HA00514323		C. State Transporter's ID 54200							
7. Transporter 2 Company Name				8. US EPA ID Number		D. Transporter's Phone 415-4550							
9. Designated Facility Name and Site Address KRI, 1831 E. 3rd ST. SUNVALLE, CALIF						E. State Transporter's ID							
						F. Transporter's Phone							
						G. State Facility's ID CAT0800110511							
						H. Facility's Phone 1-213-595 6577							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		1. Waste No.	
						No. Type							
a. COMBUSTIBLE Liquid WASTE OIL N.O.S. NA 1270						001 TT		400		9		State 221 EPA/Other	
b.												State EPA/Other	
c.												State EPA/Other	
d.												State EPA/Other	
J. Additional Descriptions for Materials Listed Above WASTE OIL & WATER						K. Handling Codes for Wastes Listed Above a. RC1 b. c. d.							
15. Special Handling Instructions and Additional Information Rubber Gloves, SAFETY GLASSES													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name Jesse Carrera						Signature <i>Jesse Carrera</i>						Month Day Year 11/2/93	
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name J. CONCEPCION CARRERA						Signature <i>J. Concepcion Carrera</i>						Month Day Year 11/2/20/88	
18. Transporter 2 Acknowledgement of Receipt of Materials													
Printed/Typed Name						Signature						Month Day Year	
19. Discrepancy Indication Space													
HP 000020													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name						Signature						Month Day Year	

H88-2166

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 0 0 6 4 6 2 5 7 0 1 0 1 0 1		Manifest Document No. 0 1 0 1 0 1		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.									
3. Generator's Name and Mailing Address Flight Accessory Services 11310 Sherman Way Sun Valley, CA 91352						A. State Manifest Document Number 87553871											
4. Generator's Phone (818) 765-6201						B. State Generator's ID H I A H 9 1 6 0 1 2 1 0 1 6 1											
5. Transporter 1 Company Name Disposal Control Ser			6. US EPA ID Number I C A T 0 1 8 1 0 1 3 4 1 1 8 1			C. State Transporter's ID 9 0 7 0 5 7 9 1 0 2 1 1											
7. Transporter 2 Company Name			8. US EPA ID Number			D. Transporter's Phone 1-800-824-3345											
9. Designated Facility Name and Site Address Pacific Treatment 2190 Main St. San Diego, CA 92113						E. State Transporter's ID											
						F. Transporter's Phone											
10. US EPA ID Number I C A D 0 9 5 8 9 4 5 5 6						G. State Facility's ID C A D 0 9 5 8 9 4 5 5 6 ⁸⁷											
H. Facility's Phone 1-619-233-0424																	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.					
a. Hazardous Waste Solid RQ Nos. ORM-E-NA 9189 b. c. d.						01218 D I H 0 1 0 1 0 1 0 1 7						State 181					
												EPA/Other					
												State					
												EPA/Other					
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above											
A. See Profile 88-0777 88-0777						a. 99 5146		b.									
						c.		d.									
15. Special Handling Instructions and Additional Information Gloves, Goggles																	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.																	
Printed/Typed Name ERIK JOHNSON						Signature <i>Erik Johnson</i>				Month Day Year 11/21/9188							
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name Jimmy Lizardo				Signature <i>Jimmy Lizardo</i>				Month Day Year 11/21/9188			
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name				Signature				Month Day Year			
19. Discrepancy Indication Space 130g - 7y - ≈ 2800p																	
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. HP 000021																	
Printed/Typed Name Bob M. Miller						Signature <i>Bob Miller</i>				Month Day Year 11/21/9188							

DHS 8022 A (1/87)

EPA 8700-22

(Rev. 9-88) Previous editions are obsolete.

Yellow: TSDf SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS

INSTRUCTIONS ON THE BACK

2304 - 2331

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 0 6 1 4 6 2 5 7 2 1 2 4 5 9		Manifest Document No. 2121459		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address Flight Accessory Services 11310 Sherman Way, Sun Valley, CA 91352						A. State Manifest Document Number 87553870							
4. Generator's Phone (889 765-6201						B. State Generator's ID H A H 0 3 6 0 2 2 0 6 6 1							
5. Transporter 1 Company Name Disposal Control Ser.						C. State Transporter's ID Q 1 0 2 1 1							
6. US EPA ID Number I C A T 0 8 1 0 0 3 6 1 1 8 4						D. Transporter's Phone 1-800-824-3345							
7. Transporter 2 Company Name						E. State Transporter's ID							
8. US EPA ID Number						F. Transporter's Phone							
9. Designated Facility Name and Site Address Kettleman Hills Facility 35251 Skyline Rd. Kettleman Hill City, CA						G. State Facility's ID C A T 0 0 0 6 4 6 1 1 1 7							
10. US EPA ID Number I C A T 0 1 0 1 0 6 6 6 1 1 1 7						H. Facility's Phone							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. Hazardous Waste Solid Rq. Nos. ORM-E-NA 9189						218 DM		11		17 Y		State 181 EPA/Other D008 D007	
b. Hazardous Waste Solid Rq. Nos. ORM-E-NA- 9189						208 DM		11		12 Y		State 181 EPA/Other D008/D006	
c.												State EPA/Other	
d.												State EPA/Other	
J. Additional Descriptions for Materials Listed Above a. See Profile J-15004 b. See Profile H-65208						K. Handling Codes for Wastes Listed Above a. b. c. d.							
15. Special Handling Instructions and Additional Information Gloves, Goggles													
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Printed/Typed Name ERIC WILSON						Signature <i>[Signature]</i>						Month Day Year 11/12/88	
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name Thomas P. [Signature]						Signature <i>[Signature]</i>						Month Day Year 11/12/88	
18. Transporter 2 Acknowledgement of Receipt of Materials													
Printed/Typed Name						Signature						Month Day Year	
19. Discrepancy Indication Space SDA Chemical Waste Management Inc. 11a. Not accepted 35251 Old Skyline Rd. Kettleman City, CA 93239													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name John Kidwell						Signature <i>[Signature]</i>						Month Day Year 11/24/88	

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 0 0 0 6 4 6 2 5 7		Manifest Document No. 2157		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address Flight Accessory Services 11310 Sherman Way, Sun Valley, CA 91352						A. State Manifest Document Number 01553809							
4. Generator's Phone (818) 765-6201						B. State Generator's ID H A I E Q 3 6 9 2 2 9 6 9							
5. Transporter 1 Company Name Disposal Control Ser.						C. State Transporter's ID 775279							
6. US EPA ID Number C A T 0 8 0 0 3 4 1 8 4						D. Transporter's Phone 1-800-824-3345							
7. Transporter 2 Company Name						E. State Transporter's ID							
8. US EPA ID Number						F. Transporter's Phone							
9. Designated Facility Name and Site Address Casmalia Resource Management Ntu Road Casmalia, CA 93429						G. State Facility's ID C A D 0 2 0 7 4 8 1 2 9							
10. US EPA ID Number C A D 0 2 0 7 4 8 1 2 5						H. Facility's Phone 1-805-937-8449							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt./Vol		15. Waste No.	
a. Hazardous Waste Solid Eq. Nos. ORM-E-NA 9189						004 D M		1		1		State 181 EPA/Other D006	
b. Hazardous Waste Solid Rq. Nos. ORM-E-NA 9189						004 D M		1		1		State EPA/Other	
c.												State EPA/Other	
d.												State EPA/Other	
J. Additional Descriptions for Materials Listed Above a. See Attached Analysis b. Production Trash P.U.C. Tape cc						K. Handling Codes for Wastes Listed Above a. b. c. d.							
15. Special Handling Instructions and Additional Information Gloves, Goggles													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.													
Printed/Typed Name ERIC JOHNSON						Signature [Signature]						Month Day Year 11 4 82	
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name Thomas P. Smith Sr						Signature [Signature]						Month Day Year 11 20 82	
18. Transporter 2 Acknowledgement of Receipt of Materials													
Printed/Typed Name						Signature						Month Day Year	
19. Discrepancy Indication Space													
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						HP 000023							
Printed/Typed Name						Signature						Month Day Year	

or type. (Form designed for use on elite (12-pitch) typewriter.)

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of

Information in the shaded areas
is not required by Federal
law.

3. Generator's Name and Mailing Address

A. State Manifest Document Number

86507987

4. Generator's Phone () - -

B. State Generator's ID

CATCC 646257

5. Transporter 1 Company Name

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

C. State Transporter's ID

D. Transporter's Phone () - -

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

10. US EPA ID Number

G. State Facility's ID

H. Facility's Phone () - -

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers

No.

Type

13. Total
Quantity

14. Unit
Wt/Vol

1. Waste No.

a. WASTE OIL NOS N4 1270

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

WASTE OIL
WATER

K. Handling Codes for Wastes Listed Above

R01

15. Special Handling Instructions and Additional Information

GLOVES

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name

Signature

Month Day Year

LEW AUGUST 1987

[Signature]

08 12 87

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

KENNETH T. KING

[Signature]

08 22 87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

STEC MADRID

[Signature]

08 22 87

86507987

GENERATOR

TRANSPORTER

FACILITY

California—Health and Welfare Agency
Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. 61-111-1111-1111		Manifest Document No.		2. Page 1 of		Information in the shaded areas is not required by Federal law.						
3. Generator's Name and Mailing Address FACILITY NAME 1234567890						A. State Manifest Document Number 86132974								
4. Generator's Phone (213) 555-1234						B. State Generator's ID CAD 981423320								
5. Transporter 1 Company Name KING-KING DRY CLEANING			6. US EPA ID Number 11-111-1111-1111			C. State Transporter's ID 24200								
7. Transporter 2 Company Name			8. US EPA ID Number			D. Transporter's Phone 213-439-3500								
9. Designated Facility Name and Site Address FACILITY NAME 1234567890			10. US EPA ID Number			E. State Transporter's ID								
						F. Transporter's Phone								
						G. State Facility's ID CAT 080011059								
						H. Facility's Phone 213-595-6597								
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.		
a. WASTE OIL; WATER NOS 1212 10						No. Type								
b. CO. 1212121212						1111 1111111111		1111111111		1111111111		221		
c.														
d.														
J. Additional Descriptions for Materials Listed Above WASTE OIL WATER						K. Handling Codes for Wastes Listed Above R.O.I.								
15. Special Handling Instructions and Additional Information NEED GLOVES														
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.														
Printed/Typed Name LEWIS J. JUANITA					Signature [Signature]					Month Day Year 11/11/11				
17. Transporter 1 Acknowledgement of Receipt of Materials														
Printed/Typed Name					Signature					Month Day Year				
18. Transporter 2 Acknowledgement of Receipt of Materials														
Printed/Typed Name					Signature					Month Day Year				
19. Discrepancy Indication Space														
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.														
Printed/Typed Name					Signature					Month Day Year				

86132974

GENERATOR

TRANSPORTER

FACILITY

86126098

ASTE

California—Health and Welfare Agency
print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C I A D 10 100 16 46 12 57 1 1 1 1 1		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.		
3. Generator's Name and Mailing Address FLIGHT ACCESSORY SERVICES 11310 Sherman Way Sun Valley, CA 213 875-2930				A. State Manifest Document Number 86126098				
4. Generator's Phone				B. State Generator's ID 113-114 36 8887 826				
5. Transporter 1 Company Name CHEM-RAN PUMPING SERVICES, INC AD 9 8 07 36 4 25				C. State Transporter's ID 729655				
6. Transporter 1 Phone				D. Transporter's Phone 213 291-9508				
7. Transporter 2 Company Name				E. State Transporter's ID				
8. Transporter 2 Phone				F. Transporter's Phone				
9. Designated Facility Name and Site Address CASHALIA RESOURCES NTU ROAD CASHALIA, CA C A D 0 20 7 48 1 25				G. State Facility's ID				
10. Facility's Phone 805 937-8449				H. Facility's Phone				
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers		13. Total Quantity	14. Unit Wt/Vol	L. Waste No.
a. WASTE POISONOUS SOLID, N.O.S., POISON UN #2811				No. 008	Type DM	Q1600	P	181
b.								
c.								
d.								
J. Additional Descriptions for Materials Listed Above Nickel chloride 20% Cyanide 2% Absorbent 78%				K. Handling Codes for Wastes Listed Above 03/F009				
15. Special Handling Instructions and Additional Information Gloves								
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.								
Printed/Typed Name LEW AUGUSTINE				Signature		Month Day Year 11-11-97		
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature		Month Day Year		
Printed/Typed Name RUDY GILLIAM, DRIVER						11-12-97		
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Month Day Year		
Printed/Typed Name								
19. Discrepancy Indication Space								
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.								
Printed/Typed Name				Signature		Month Day Year		

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address				A. State Manifest Document Number 86132973		
4. Generator's Phone ()				B. State Generator's ID 640 181423320		
5. Transporter 1 Company Name		6. US EPA ID Number		C. State Transporter's ID 54250		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 213-484-8500		
9. Designated Facility Name and Site Address		10. US EPA ID Number		E. State Transporter's ID		
				F. Transporter's Phone		
				G. State Facility's ID 047650011051		
				H. Facility's Phone 213-575-6577		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. WASTE OIL			1	1	0	221
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above WASTE OIL WATER			K. Handling Codes for Wastes Listed Above R.C.I			
15. Special Handling Instructions and Additional Information						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.						
Printed/Typed Name			Signature		Month Day Year	
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name			Signature		Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials						
Printed/Typed Name			Signature		Month Day Year	
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name			Signature		Month Day Year	

86132972

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA101001646257		Manifest Document No. 1117		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address FLIGHT ACCESSORY SERVICES 11310 SHERMAN WAY SUN VALLEY CA 91357						A. State Manifest Document Number 86132975							
4. Generator's Phone (213) 875-2930						B. State Generator's ID CA000646257							
5. Transporter 1 Company Name RHO CHEM CORP.						C. State Transporter's ID CA000646257							
6. US EPA ID Number CA101001646257						D. Transporter's Phone 776-6233							
7. Transporter 2 Company Name						E. State Transporter's ID							
8. US EPA ID Number						F. Transporter's Phone							
9. Designated Facility Name and Site Address RHO CHEM 425 JESSIE AVE INGLEWOOD CA 90301						G. State Facility's ID CA000646257							
10. US EPA ID Number CA101001646257						H. Facility's Phone 213-776-6233							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. 466 TRICHLOROETHANE WASTE ORM-A LIQUID NA1693						No. Type		0104 BM 010200 GAL		211			
b.													
c.													
d.													
J. Additional Descriptions for Materials Listed Above H ₂ TRICHLOROETHANE — 90% OIL — — — — — 10%						K. Handling Codes for Wastes Listed Above							
15. Special Handling Instructions and Additional Information GLOVES & GOGGLES													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.													
Printed/Typed Name						Signature						Month Day Year	
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name						Signature						Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials													
Printed/Typed Name						Signature						Month Day Year	
19. Discrepancy Indication Space													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.													
Printed/Typed Name						Signature						Month Day Year	

86132975

California—Health and Welfare Agency
Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No.

CIA101010161612517

Manifest
Document No.

2. Page 1
of

Information in the shaded areas
is not required by Federal
law.

3. Generator's Name and Mailing Address
FLIGHT ACCESSORY SERVICES
11210 SHERMAN WAY
SUN VALLEY CA. 91352

4. Generator's Phone (213) 875-2930

5. Transporter 1 Company Name

KING & KING DRAIN OIL

7. Transporter 2 Company Name

6. US EPA ID Number

CIA101918114233210

8. US EPA ID Number

10. US EPA ID Number

9. Designated Facility Name and Site Address

P.R.I. 1835 E. 29th STREET
SIGNAL HILL CA

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

WASTE OIL & WATER NOS NA 1270

12. Containers
No. Type

0101 TR 01051010

13.
Total
Quantity

14.
Unit
Wt/Vol

15.
Waste No.

221

J. Additional Descriptions for Materials Listed Above

WASTE OIL & WATER

K. Handling Codes for Wastes Listed Above

R.Q.I.

15. Special Handling Instructions and Additional Information

RUBBER GLOVES - SAFETY GLASSES

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name

LEWIS AUGUSTINE

Signature

Lewis Augustine

Month Day Year

11 11 11

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11 11 11

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

11 11 11

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

11 11 11

86132969

GENERATOR

TRANSPORTER

FACILITY

GENERATOR

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST

1. Generator's US EPA ID No. 2. Page 1 of 1 Information in the shaded areas is not required by Federal law.

3. Generator's Name and Mailing Address

Flight Accessory Services
11310 Sherman Way

San Ramon, CA.

(213) 875-2930

5. Transporter 1 Company Name

Chen-Pan Pumping Services, Inc.

6. US EPA ID Number

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

Casmalia Resources

NTU Road

Casmalia, Ca. 93426

10. US EPA ID Number

A. State Manifest Document Number

87185524

B. State Generator's ID

C. State Transporter's ID

D. Transporter's Phone

E. State Transporter's ID

F. Transporter's Phone

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total Quantity

14. Unit
Wt/Vol

I. Waste No.

a.

Hazardous Waste, Solid, N.O.S., ORM-2, HAZ9139

01012 PLW 010141010 P

State

EPA/Other

State

EPA/Other

c.

State

EPA/Other

d.

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

Chrome (3) 2%
Absorbant 98%

K. Handling Codes for Wastes Listed Above

a. 03

c.

b.

d.

15. Special Handling Instructions and Additional Information

Wear gloves

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Signature

Month Day Year

06/08/87

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Edward Macken

Signature

Month Day Year

06/08/87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802. WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address Flight Accessory Services 1310 Sherman Way Sun Valley, Ca. 91352 213-875-2930		4. Generator's Phone		A. State Manifest Document Number 87185543	
5. Transporter 1 Company Name Chem-Ran Pumping Services Inc		6. US EPA ID Number CAD 980 736 425		B. State Generator's ID EXEMPT	
7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID 709055	
9. Designated Facility Name and Site Address Casmalia Resources Inc K10 Road Casmalia, Ca		10. US EPA ID Number CAD 020748125		D. Transporter's Phone 213-291-9508	
				E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID CAD 020748125	
				H. Facility's Phone 805-937-8449	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. HAZARDOUS WASTE SOLID, N.O.S., ORM-E, NA9189		00 16 DM 0	1000	P	State 181 EPA/Other 0000
b.					State EPA/Other
c.					State EPA/Other
d.					State EPA/Other
J. Additional Descriptions for Materials Listed Above Nickel Chloride 25 % Absorbant 75 %		K. Handling Codes for Wastes Listed Above a. 03 b. c. d.			
15. Special Handling Instructions and Additional Information Wear appropriate safety attire					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name Lew Augustine		Signature <i>Lew Augustine</i>		Month Day Year 10 7 09 18 17	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name Joe Davidson		Signature <i>Joe Davidson</i>		Month Day Year 10 7 09 18 17	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name		Signature		Month Day Year	

Form type. (Form designed for use on elite (12-pitch) typewriter.)

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
Document No.

2. Page 1
of

Information in the shaded areas
is not required by Federal
law.

3. Generator's Name and Mailing Address

A. State Manifest Document Number

86132978

4. Generator's Phone

B. State Generator's ID

213-546-6257

5. Transporter 1 Company Name

6. US EPA ID Number

C. State Transporter's ID

54200

7. Transporter 2 Company Name

8. US EPA ID Number

D. Transporter's Phone

213-437-1300

9. Designated Facility Name and Site Address

10. US EPA ID Number

E. State Transporter's ID

213-545-6597

F. Transporter's Phone

213-545-6597

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type

13. Total
Quantity

14. Unit
Wt/Vol

15. Waste No.

**WASTE OIL & WATER NO. 1111
CONTAINER LITRE**

1 1111 1111 1111 1111 1111 1111 1111

221

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

K. Handling Codes for Wastes Listed Above

WASTE OIL & WATER

R.O.I.

15. Special Handling Instructions and Additional Information

RECEIVED BY THE STATE OF CALIFORNIA

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name

Signature

Month Day Year

LEONARD J. HARRIS

[Signature]

11/11/11

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

LEONARD J. HARRIS

[Signature]

11/11/11

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

LEONARD J. HARRIS

[Signature]

11/11/11

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year

LEONARD J. HARRIS

[Signature]

11/11/11

86132978

HP 000034

Print or type. (Form designed for use on elite (12-pitch) typewriter.)

**UNIFORM HAZARDOUS
WASTE MANIFEST**1. Generator's US EPA ID No.
C.A.D. 0.0.0. 6.4.6257Manifest
Document No.2. Page 1
ofInformation in the shaded areas
is not required by Federal
law.

A.State Manifest Document Number

84610019

B.State Generator's ID

CAD981423320

C.State Transporter's ID 54200

D.Transporter's Phone 213-439-8500

E.State Transporter's ID

F.Transporter's Phone

G.State Facility's ID

CAT 080011059

H.Facility's Phone

213-825-8397

3. Generator's Name and Mailing Address

FLIGHT ACCESSORY SERVICES

11310 SHERMAN WAY, SUN VALLEY CA 91352

4. Generator's Phone (213) 875-2930

5. Transporter 1 Company Name

KING & KING DRAIN OIL

6. US EPA ID Number

CAD981423320

7. Transporter 2 Company Name

8. US EPA ID Number

9. Designated Facility Name and Site Address

P.R.I. 1835 E. 29th. STREET

SIGNAL HILL CA

10. US EPA ID Number

CAT080011059

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
No. Type13. Total
Quantity14. Unit
Wt/Vol

Waste No.

a. WASTE OIL & WATER NOS NA 1270

001

TT

700 G

213

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

WASTE OIL & WATER

K.Handling Codes for Wastes Listed Above

R.O.I.

15. Special Handling Instructions and Additional Information

RUBBER GLOVES - SAFETY GLASSES

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.

Printed/Typed Name
STAN G. LA SALLE

Signature

Stanley G. La Salle

Date

Month Day Year
8 20 87

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

A. CORRECTION CARRERA

Signature

A. Carrera

Date

Month Day Year
8 20 87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Date

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

P.R.I. TRIPPLE

Signature

P.R.I. Trippl

Date

Month Day Year
8 20 87

84610019

GENERATOR

TRANSPORTER

FACILITY

**UNIFORM HAZARDOUS
 WASTE MANIFEST**

1. Generator's US EPA ID No.

Manifest
 Document No.

2. Page 1
 of

Information in the shaded areas
 is not required by Federal
 law.

3. Generator's Name and Mailing Address

EMERGENCY SERVICES
 1110 SHENANDOAH AVE SUITE 100

A. State Manifest Document Number

86132976

4. Generator's Phone

(213) 875-2930

B. State Generator's ID

5. Transporter 1 Company Name

SILVER & KILGUS

6.

US EPA ID Number

CA090433-10

C. State Transporter's ID

D. Transporter's Phone

7. Transporter 2 Company Name

8.

US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

FELLS E. 42ST
 SIGNAL HILL CA

10.

US EPA ID Number

G. State Facility's ID

H. Facility's Phone

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

12. Containers
 No. Type

13. Total
 Quantity

14. Unit
 Wt/Vol

I. Waste No.

a. WASTE OIL & FILTER NOS NASTO
 COMBUSTIBLE LIQUID

191 TITOP FOR G

221

b.

c.

d.

J. Additional Descriptions for Materials Listed Above

WASTE OIL & WATER

K. Handling Codes for Wastes Listed Above

R.O.I

15. Special Handling Instructions and Additional Information

WEARER GLOVES & SAFETY GLASSES

16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.

Printed/Typed Name

S. GILLESPIE

Signature

Stanley L. ...

Month Day Year

12 12 87

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

KENNETH T. KING

Signature

K. T. King

Month Day Year

12 12 87

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Signature

Month Day Year

12 12 87

19. Discrepancy Indication Space

20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.

Printed/Typed Name

Signature

Month Day Year


12 12 87

86132976

TRANSPORTER

FACILITY

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAD000646257		Manifest Document No.		2. Page 1 of		Information in the shaded areas is not required by Federal law.	
		3. Generator's Name and Mailing Address FLIGHT ACCESSORY SERVICES 11310 SHERMAN WAY, SUN VALLEY CA 91352		6. US EPA ID Number CAD981423320		A.State Manifest Document Number 84610020		B.State Generator's ID CAD981423320	
4. Generator's Phone (213) 875-2930		5. Transporter 1 Company Name KING & KING DRAIN OIL		8. US EPA ID Number CAD981423320		C.State Transporter's ID 54200		D.Transporter's Phone 213-439-8500	
7. Transporter 2 Company Name		9. Designated Facility Name and Site Address P.R.I. 1835 E. 29th. STREET SIGNAL HILL CA.		10. US EPA ID Number CAT080811059		E.State Transporter's ID		F.Transporter's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12.Containers No.		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.	
a. WASTE OIL & WATER NOS NA 1270		001		TT		4/10		1	
b.		.		.		.		.
c.		.		.		.		.
d.		.		.		.		.
J. Additional Descriptions for Materials Listed Above WASTE OIL & WATER						K.Handling Codes for Wastes Listed Above R.O.I.			
15. Special Handling Instructions and Additional Information RUBBER GLOVES - SAFETY GLASSES									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.									
Printed/Typed Name STAN G. LA SALLE								Signature 	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name								Signature	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name								Signature	
19. Discrepancy Indication Space									
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.								Date	
Printed/Typed Name								Signature	

YELLOW: GENERATOR RETAINS

84610020

GENERATOR

TRANSPORTER

FACILITY

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAD000646257	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address FLIGHT ACCESSORY SERVICES 11310 SHERMAN WAY, SUN VALLEY CA 91352			A.State Manifest Document Number 84610021		
4. Generator's Phone (213) 875-2930			B.State Generator's ID CAD981423320		
5. Transporter 1 Company Name KING & KING DRAIN OIL		6. US EPA ID Number CAD981423320		C.State Transporter's ID 54200	
7. Transporter 2 Company Name		8. US EPA ID Number		D.Transporter's Phone 313-439-8500	
9. Designated Facility Name and Site Address P.R.I. 1835 E. 29th. STREET SIGNAL HILL CA.		10. US EPA ID Number CAT080011059		E.State Transporter's ID	
				F.Transporter's Phone	
				G.State Facility's ID	
				H.Facility's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No.	13. Total Quantity	14. Unit Wt/Vol
a. WASTE OIL & WATER NOS RA 1270			001	TT	10/50
b.					
c.					
d.					
15. Additional Descriptions for Materials Listed Above WASTE OIL & WATER			K.Handling Codes for Wastes Listed Above R.O.I.		
15. Special Handling Instructions and Additional Information RUBBER GLOVES - SAFETY GLASSES					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name S. LA SALLE		Signature		Date Month Day Year 9 10 87	
17. Transporter 1 Acknowledgement of Receipt of Materials				Date	
Printed/Typed Name		Signature		Month Day Year	
18. Transporter 2 Acknowledgement of Receipt of Materials				Date	
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name		Signature		Date Month Day Year	

84610021

Please print or type. (Form designed for use on elite (12-pitch typewriter).)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address FLIGHT ACCESSORY SERVICES 11310 SHERMAN WAY, SUN VALLEY CA		1. Generator's US EPA ID No. CAD000646257		A. State Manifest Document Number 81043448	
4. Generator's Phone (213) 547-2930 91252		6. US EPA ID Number		B. State Generator's ID CAD000646257	
5. Transporter 1 Company Name KING & KING DRILL OIL		6. US EPA ID Number CAD981423320		C. State Transporter's ID 54200	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (213) 445-8500	
9. Designated Facility Name and Site Address P.R.I. 1875 E. 29 ST SIGNAL HILL CA		10. US EPA ID Number LAT080911059		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID	
				H. Facility's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit Wt/Vol	I. Waste No.
a. WASTE WATER & OIL		No. 001	Type TT	1150	G 221
b.					State
c.					EPA/Other
d.					State
					EPA/Other
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above			
		a. R01		b.	
		c.		d.	
15. Special Handling Instructions and Additional Information ROPPER GLOVES - SAFETY GLASSES					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name STANLEY G. LA SALLE		Signature Stanley G. La Salle		Month Day Year 11/9/1987	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name KENNETH T. KING		Signature Kenneth T. King		Month Day Year 11/11/1987	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
HP 000039					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name		Signature		Month Day Year	

Please print or type. (Form designed for use on elite (12-pitch typewriter).)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAD000646257		Manifest Document No.		2. Page 1 of 1		Information in the shaded areas is not required by Federal law.	
		3. Generator's Name and Mailing Address FLIGHT ACCESSORY SERVICES 11210 SHERMAN WAY, SOUTH VALLEY, CA 91252		6. US EPA ID Number CAD000364432		A. State Manifest Document Number 81545451		B. State Generator's ID HAHQ36022066	
4. Generator's Phone (415) 875-2920		5. Transporter 1 Company Name WFO-CHEM CORP		7. Transporter 2 Company Name		C. State Transporter's ID 776-6233		D. Transporter's Phone 776-6233	
9. Designated Facility Name and Site Address WFO-CHEM 420 1514 AVE INGLEWOOD CA 91001		10. US EPA ID Number CAD000364432		E. State Transporter's ID		F. Transporter's Phone		G. State Facility's ID CAD000364432	
				H. Facility's Phone 776-6233					
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers		13. Total Quantity		14. Unit Wt/Vol	
				No. Type					
a. WASTE CRN-A LIQUID N.O.S. NA-1693 KG 1000/454				003 DM		150 G		I. Waste No. State 211 EPA/Other 001	
b.								State EPA/Other	
c.								State EPA/Other	
d.								State EPA/Other	
J. Additional Descriptions for Materials Listed Above 1/1, THICK LOW DENSITY - 70% OIL 10%				K. Handling Codes for Wastes Listed Above a. b. c. d.					
15. Special Handling Instructions and Additional Information GLOVES & GOGGLES									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name STANLEY G. LAZELLE				Signature <i>Stanley G. Lazelle</i>				Month Day Year 11/1/87	
17. Transporter 1 Acknowledgement of Receipt of Materials				Printed/Typed Name GEORGE RICE				Signature <i>George Rice</i>	
								Month Day Year 11/1/87	
18. Transporter 2 Acknowledgement of Receipt of Materials				Printed/Typed Name				Signature	
								Month Day Year	
19. Discrepancy Indication Space									
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name				Signature				Month Day Year	

GENERATOR

TRANSPORTER

FACILITY

HP 000040

Please print or type. (Form designed for use on elite (12-pitch typewriter).)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAD0000646257		Manifest Document No.		2. Page 1 of		Information in the shaded areas is not required by Federal law.	
		3. Generator's Name and Mailing Address FLIGHT ACCESSORY SERVICES 11210 SHERMAN WAY SUN VALLEY CA		A. State Manifest Document Number 01070443		B. State Generator's ID CAD0000646257		C. State Transporter's ID 54200	
4. Generator's Phone (213) 875 2930 91352		6. US EPA ID Number CAD981423320		D. Transporter's Phone 213-439-8500		E. State Transporter's ID		F. Transporter's Phone	
5. Transporter 1 Company Name KING & KING DRAINCIL		8. US EPA ID Number		G. State Facility's ID		H. Facility's Phone			
7. Transporter 2 Company Name		10. US EPA ID Number CAT080011059		11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) a. WASTE WATER & OIL		12. Containers No. Type 001 TT		13. Total Quantity 0127.5	
9. Designated Facility Name and Site Address P.R.1 1835 E. 29 ST. SIGNAL HILL, CA.								14. Unit Wt/Vol G	
								I. Waste No. State 221	
								EPA/Other	
								State	
								EPA/Other	
								State	
								EPA/Other	
								State	
								EPA/Other	
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above a. RO1 b. c. d.			
15. Special Handling Instructions and Additional Information RUBBER GLOVES - SAFETY GLASSES									
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.									
Printed/Typed Name STANLEY G. LASALLE					Signature <i>Stanley G. LaSalle</i> Month Day Year 11 11 1987				
17. Transporter 1 Acknowledgement of Receipt of Materials									
Printed/Typed Name KENNETH T. KING					Signature <i>Kenneth T. King</i> Month Day Year 11 11 1987				
18. Transporter 2 Acknowledgement of Receipt of Materials									
Printed/Typed Name					Signature Month Day Year				
19. Discrepancy Indication Space									
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.									
Printed/Typed Name					Signature Month Day Year				

GENERATOR

TRANSPORTER

FACILITY

HP 000041

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address FLIGHT ACCESSORY SERVICES 11310 SHERMAN WAY, SUN VALLEY, CA		4. Generator's Phone (213) 875-2930 91352		A. State Manifest Document Number 01040452	
5. Transporter 1 Company Name KING & KING		6. US EPA ID Number CA090646257		B. State Generator's ID H AHQ36022066	
7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID 54200	
9. Designated Facility Name and Site Address P.R.I. 1835 E. 24 ST SIGNAL HILL, CA.		10. US EPA ID Number CAT0906411059		D. Transporter's Phone 213 439 8500	
				E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID	
				H. Facility's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol
a. WASTE WATER & OIL		001	TT	0.0800	G
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above			
		a. b. c. d.			
15. Special Handling Instructions and Additional Information RUBBER GLOVES - SAFETY GLASSES					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name STANLEY G. LASALLE		Signature Stanley G. La Salle		Month Day Year 12/18/87	
17. Transporter 1 Acknowledgement of Receipt of Materials					
Printed/Typed Name KENNETH T. KING		Signature Kenneth T. King		Month Day Year 1/2/88	
18. Transporter 2 Acknowledgement of Receipt of Materials					
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name		Signature		Month Day Year	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address FIGHT ACCESSORY SERVICES 11310 SHERMAN WAY SUN VALLEY CA 91352		1. Generator's US EPA ID No. CA000646257		A. State Manifest Document Number 84550532		
4. Generator's Phone (213) 275-2930		6. US EPA ID Number		B. State Generator's ID CA000646257		
5. Transporter 1 Company Name Liquid Waste MPT		7. US EPA ID Number CA000646257		C. State Transporter's ID		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (714) 993-0342		
9. Designated Facility Name and Site Address CITIZEN RESOURCES NTH ROAD LOS ANGELES CALIF.		10. US EPA ID Number		E. State Transporter's ID		
				F. Transporter's Phone		
				G. State Facility's ID		
				H. Facility's Phone (805) 937-8449		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit	L. Waste No.	
a. 211159 WAST CORROSIVE SOLIDS H05		No. 05	Type D01	1/4	Y	112
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above ACID TONIC 60% VERMICULITE ACID TONIC SOLIDIFIED VERMICULITE		K. Handling Codes for Wastes Listed Above				
15. Special Handling Instructions and Additional Information						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name EDWIN P. CONLEY		Signature Edwin P. Conley		Date Month Day Year 1 25 86		
17. Transporter 1 Acknowledgement of Receipt of Materials				Date		
Printed/Typed Name Tony P. Conley		Signature Tony P. Conley		Month Day Year 1 25 86		
18. Transporter 2 Acknowledgement or Receipt of Materials				Date		
Printed/Typed Name		Signature		Month Day Year		
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						
Printed/Typed Name		Signature		Date Month Day Year		

Use print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA 0000646257		Manifest Document No.		2. Page 1 of		Information in the shaded areas is not required by Federal law.		
3. Generator's Name and Mailing Address Flight Recovery Services 11310 Sherman Way Chico, CA 95926						A. State Manifest Document Number 84550533				
4. Generator's Phone (215) 875-2930						B. State Generator's ID CA 0000646257				
5. Transporter 1 Company Name L. J. & J. Waste Inc			6. US EPA ID Number CA 000034154			C. State Transporter's ID				
7. Transporter 2 Company Name			8. US EPA ID Number			D. Transporter's Phone (916) 363-0342				
9. Designated Facility Name and Site Address			10. US EPA ID Number			E. State Transporter's ID				
						F. Transporter's Phone				
						G. State Facility's ID				
						H. Facility's Phone (916) 233-0424				
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity	14. Unit	I. Waste No.
						No.	Type		M/Vol	
a. HAZARDOUS WASTE Liquid NOS Water Soluble oil NA 9189						001	CM	700	gal	222
b.										
c.										
d.										
Additional Descriptions for Materials Listed Above 7090 1090						K. Handling Codes for Wastes Listed Above				
15. Special Handling Instructions and Additional Information 6/0000										
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.										
Printed/Typed Name Edwin P. Conley						Signature <i>Edwin P. Conley</i>			Date 2/12/86	
17. Transporter 1 Acknowledgement of Receipt of Materials						Signature <i>[Signature]</i>			Date 2/12/86	
Printed/Typed Name [Name]						Signature <i>[Signature]</i>			Date 2/12/86	
18. Transporter 2 Acknowledgement or Receipt of Materials						Signature <i>[Signature]</i>			Date 2/12/86	
Printed/Typed Name [Name]						Signature <i>[Signature]</i>			Date 2/12/86	
19. Discrepancy Indication Space										
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.										
Printed/Typed Name [Name]						Signature <i>[Signature]</i>			Date 2/12/86	

Use print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. <i>CAT 0870-24184</i>	Manifest Document No. <i>72-113 KAD 075874556</i>	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address <i>Pacific Treatment Corp. 8190 Main St. San Diego, CA 92118</i>				A.State Manifest Document Number 84674880		
4. Generator's Phone ()				B.State Generator's ID		
5. Transporter 1 Company Name <i>DISP-5121 Control L. Serv.</i>		6. US EPA ID Number <i>CAT 0870-24184</i>		C.State Transporter's ID <i>66369</i>		
7. Transporter 2 Company Name		8. US EPA ID Number		D.Transporter's Phone <i>983-0342</i>		
9. Designated Facility Name and Site Address <i>Pacific Treatment Corp. 8190 Main St. San Diego, CA 92118</i>		10. US EPA ID Number <i>277-0424</i>		E.State Transporter's ID		
				F.Transporter's Phone		
				G.State Facility's ID		
				H.Facility's Phone <i>619-233-0424</i>		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No.	13. Total Quantity	14. Unit Wt/Vol
a. <i>Waste Combustible Liquid NOS Combustible Liquid</i>				<i>001</i>	<i>500</i>	<i>L</i>
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above <i>A water 90% Soluble oil 10%</i>				K.Handling Codes for Wastes Listed Above		
15. Special Handling Instructions and Additional Information <i>Gloves, Goggles</i>						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name <i>H. J. ...</i>				Signature <i>H. J. ...</i>		Date <i>7/27/84</i>
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature		Date
Printed/Typed Name				Signature		Date
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Date
Printed/Typed Name				Signature		Date
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name				Signature		Date

84674880

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. <i>CAD000646247</i>		Manifest Document No.		2. Page 1 of		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address <i>FLIGHT ACCESSORY SERVICES 11310 STEINER WAY, SUITE 110, F190</i>						A. State Manifest Document Number 84550530							
						B. State Generator's ID							
4. Generator's Phone () <i>275-950</i>						C. State Transporter's ID <i>CAD000646247</i>							
5. Transporter 1 Company Name						D. Transporter's Phone							
6. US EPA ID Number						E. State Transporter's ID							
7. Transporter 2 Company Name						F. Transporter's Phone							
8. US EPA ID Number						G. State Facility's ID							
9. Designated Facility Name and Site Address <i>CASMINE RESERVE NTH ROAD CASMINE CALIF.</i>						H. Facility's Phone <i>(916) 957-8449</i>							
10. US EPA ID Number													
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) <i>H 228 CORROS SOLID 114 HAZARDOUS WASTE 241129</i>						12. Containers		13. Total		14. Unit		15. Waste No.	
						No.	Type	Quantity	Wt/Vol				
a.						601	TY	2000	5.1	241			
b.													
c.													
d.													
J. Additional Descriptions for Materials Listed Above <i>See manifest certificate sheet</i>						K. Handling Codes for Wastes Listed Above							
15. Special Handling Instructions and Additional Information <i>None & goggles 7476</i>													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.													
Printed/Typed Name <i>Elmer P. Conley</i>					Signature <i>[Signature]</i>					Date Month Day Year <i>11 24 86</i>			
17. Transporter 1 Acknowledgement of Receipt of Materials										Date			
Printed/Typed Name					Signature					Month Day Year			
18. Transporter 2 Acknowledgement or Receipt of Materials										Date			
Printed/Typed Name					Signature					Month Day Year			
19. Discrepancy Indication Space													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.													
Printed/Typed Name					Signature					Date Month Day Year			

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA D000646257	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address HARRIS WASTE SERVICES 11390 Sherman Way SAN VALLEY CAL. 213 975-2930			A. State Manifest Document Number 84550541			
4. Generator's Phone			B. State Generator's ID CA D000646257			
5. Transporter 1 Company Name RHO Chem Corp		6. US EPA ID Number CA D0008364432		C. State Transporter's ID 64279		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 776-6233		
9. Designated Facility Name and Site Address RHO-CHEM 425 1515 AVE EMERSON CA 90301		10. US EPA ID Number CA D0008364432		E. State Transporter's ID		
				F. Transporter's Phone		
				G. State Facility's ID CA D0008364432		
				H. Facility's Phone (213) 776-6233		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. 1,1,1 Trichloroethane WASTE ORN - A LIQUID NA 1693			4	216	G	211
b. TOLUENE (SOLVENT) WASTE NOS FLAMMABLE LIQUID 1993			11	594	G	214
c.						
d.						
16. Special Handling Instructions and Additional Information Gloves & Goggles			K. Handling Codes for Wastes Listed Above			
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name: EDWIN P. CONLEY Signature: Edwin P. Conley			Date: 4/23/86			
18. Transporter 2 Acknowledgement or Receipt of Materials Printed/Typed Name: GERALD RIES Signature: Gerald R. - (15) 77271			Date: 4/23/86			
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name: _____ Signature: _____			Date: _____ Month Day Year			

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

LAX-F53746

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA000646257		2. Page 1 of Manifest Document No.		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address FLIGHT ACCESSORY SERVICES 11310 SHERMAN WAY				A. State Manifest Document Number 84550550			
4. Generator's Phone ()				B. State Generator's ID CA000646257			
5. Transporter 1 Company Name LIQUID WASTE MGT				C. State Transporter's ID 66345			
6. US EPA ID Number CATPO034184				D. Transporter's Phone (714) 983-0342			
7. Transporter 2 Company Name				E. State Transporter's ID			
8. US EPA ID Number				F. Transporter's Phone			
9. Designated Facility Name and Site Address CHEMICAL WASTE MGT KEELER HILLS FACILITY 35251 SKYLARK RD KEELER HILLS CITY, CA				G. State Facility's ID			
10. US EPA ID Number CAT000646117				H. Facility's Phone (209) 386-9711			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	L. Waste No.	
a. HAZARDOUS WASTE LIQUID N.O.S. ORM-1		NA9189	000TT	700	51	222	
b.							
c.							
d.							
J. Additional Descriptions for Materials Listed Above E-7476 LAX-F53746				K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information Gloves							
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.							
Printed/Typed Name Edwin P. Conley				Signature Edwin P. Conley		Date 5/16/84	
17. Transporter 1 Acknowledgement or Receipt of Materials				Signature [Signature]		Date 05/16/84	
Printed/Typed Name Randy Allen				Signature [Signature]		Date 05/16/84	
18. Transporter 2 Acknowledgement or Receipt of Materials				Signature		Date	
Printed/Typed Name				Signature		Date	
19. Discrepancy Indication Space							
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.							
Printed/Typed Name				Signature		Date Month Day Year	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C.A.D.000646257	Manifest Document No. 7001	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address FISHBEE HAZARDOUS WASTE 11510 CHESTER WAY SUITE 100 CHICO, CA 95926				A. State Manifest Document Number 84610017		
4. Generator's Phone (213) 875-2930				B. State Generator's ID C.A.D.000646257		
5. Transporter 1 Company Name LIQUID WASTE MGT		6. US EPA ID Number C.A.T.030034194		C. State Transporter's ID 66354		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (916) 985-0342		
9. Designated Facility Name and Site Address CASMIRA RESERVE MTH ROAD CASMIRA, CA 94517				E. State Transporter's ID		
10. US EPA ID Number C.A.D.000743125				F. Transporter's Phone		
				G. State Facility's ID		
				H. Facility's Phone (916) 937-8449		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers No.	13. Total Quantity	14. Unit Wt/Vol
a. HAZARDOUS WASTE SOLID ADSORBED - F.M.A. 9129				02 DM	004	Y
b. HAZARDOUS WASTE SOLID ADSORBED - F.M.A. 9129				01 LI	004	Y
c.						
d.						
15. Special Handling Instructions and Additional Information - 6 boxes gaggles				K. Handling Codes for Wastes Listed Above		
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name Edward J. Conley				Signature Edward J. Conley		Date 5/22/86
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature Wayne E. Parker		Date 5/22/86
Printed/Typed Name WAYNE E. PARKER				Signature		Date
18. Transporter 2 Acknowledgement of Receipt of Materials				Signature		Date
Printed/Typed Name				Signature		Date
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name				Signature		Date

Print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA D000646257	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address Flight Accessory Services 11310 Sherman Way Sun Valley, CA			A. State Manifest Document Number 84550544			
4. Generator's Phone (213) 875-2930			B. State Generator's ID CA D000646257			
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE			C. State Transporter's ID 66349			
6. US EPA ID Number CAT 00034184			D. Transporter's Phone (714) 983-8342			
7. Transporter 2 Company Name			E. State Transporter's ID			
8. US EPA ID Number			F. Transporter's Phone			
9. Designated Facility Name and Site Address Chemical Waste Mgt Kettleman Hills Facility 35251 Skyline Rd. Kettleman Hills, CA			G. State Facility's ID CAT 000646117			
10. US EPA ID Number			H. Facility's Phone (209) 386-9711			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	Type	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. Hazardous Waste liquid NOS ORM-E NA 9189		001	TA	700	gal	222
b.						
c.						
d.						
Additional Descriptions for Materials Listed Above B-1000-9000 B-1000-1070 LAX-F53746		K. Handling Codes for Wastes Listed Above				
16. Special Handling Instructions and Additional Information Gloves						
17. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name Edwin P. Conley		Signature Edwin P. Conley		Date Month Day Year 8/8/86		
17. Transporter 1 Acknowledgement or Receipt of Materials		Signature Mike McManama		Date Month Day Year 8/8/86		
Printed/Typed Name MIKE McMANAMA		Signature		Date Month Day Year		
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date Month Day Year		
Printed/Typed Name		Signature		Date Month Day Year		
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						
Printed/Typed Name		Signature		Date Month Day Year		

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA D 000646257	Manifest Document No. 1113	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address PILGRIM ACCESSORY SERVICES 11390 SHERMAN WAY SUN VALLEY, CA. 94130				A. State Manifest Document Number 84550539		
4. Generator's Phone (213) 875-2930				B. State Generator's ID CA D 000646257		
5. Transporter 1 Company Name Rho Chem Corp.		6. US EPA ID Number CA D 008364432		C. State Transporter's ID 64289		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 776-6233		
9. Designated Facility Name and Site Address RHO CHEM 4255 ISSIS AVE. INGLEWOOD CA 90301		10. US EPA ID Number CA D 008364432		E. State Transporter's ID		
				F. Transporter's Phone		
				G. State Facility's ID CA D 008364432		
				H. Facility's Phone (213) 776-6233		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				12. Containers	13. Total Quantity	14. Unit Wt/Vol
				No.	Type	Waste No.
a. 1,1,1, Trichloroethane WASTE ORN-A liquid NA 1693				5	DR	270 GVL 211
b. 1,1,1, Trichloroethane (solvent) WASTE NOS Flammable liquid 1993				8	DM	434 GVL 214
c.						
d.						
15. Special Handling Instructions and Additional Information Gloves & Goggles				K. Handling Codes for Wastes Listed Above 50M-01 80M-07		
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name Edwin P. Conley				Signature Edwin P. Conley		Date 9/24/86
17. Transporter 1 Acknowledgement of Receipt of Materials				Signature Kenneth E. Atkinson		Date 9/24/86
Printed/Typed Name KENNETH E. ATKINSON				Signature		Date
18. Transporter 2 Acknowledgement or Receipt of Materials				Signature		Date
Printed/Typed Name				Signature		Date
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						
Printed/Typed Name Chet Easley				Signature Chet Easley		Date 9/24/86

Please print or type. (Form designed for use on elite (12-pitch) typewriter.) LAX F93128

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA1D1C1C1C1C1414121517		Manifest Document No.		2. Page 1 of		Information in the shaded areas is not required by Federal law.									
3. Generator's Name and Mailing Address FLIGHT ACCESSORY SERVICES 11300 SHERMAN WAY SAN VALLEY, CA						A. State Manifest Document Number 86132970											
4. Generator's Phone (213) 875-1230						B. State Generator's ID CAD000646257											
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE						C. State Transporter's ID 710328											
6. US EPA ID Number 1C1A1T1C1C1C1C1411814						D. Transporter's Phone 714-983-0347											
7. Transporter 2 Company Name						E. State Transporter's ID											
8. US EPA ID Number						F. Transporter's Phone											
9. Designated Facility Name and Site Address KETTLE HILLS FACILITY 35251 SKYLINE RD. KETTLE HILLS CITY CA						G. State Facility's ID C02000646167											
10. US EPA ID Number 1C1A1T1C1C1C1C14111171						H. Facility's Phone 209-386-9711											
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers No. Type		13. Total Quantity		14. Unit Wt/Vol		15. Waste No.					
a. WASTE CORROSIVE LIQUID N.O.S. UN1760						0101 TIT 061010 6						111					
b.																	
c.																	
d.																	
J. Additional Descriptions for Materials Listed Above CHROMIC ACID 2% HYDROCHLORIC ACID 4% SULFURIC ACID .12% NITRIC ACID .02% OIL & GREASE <1% WATER 93.96%						K. Handling Codes for Wastes Listed Above 16											
15. Special Handling Instructions and Additional Information GLOVES APRON-BOOTS FACE SHIELD																	
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.																	
Printed/Typed Name LEWIS E AUGUSTINE						Signature <i>L. E. Augustine</i>				Month Day Year 11/10/86							
17. Transporter 1 Acknowledgement of Receipt of Materials						Printed/Typed Name <i>John M...</i>				Signature <i>John M...</i>				Month Day Year 11/10/86			
18. Transporter 2 Acknowledgement of Receipt of Materials						Printed/Typed Name				Signature				Month Day Year			
19. Discrepancy Indication Space 1 - incomplete 1-791 2 - 1001																	
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.																	
Printed/Typed Name Joseph Wenzel						Signature <i>Joseph Wenzel</i>				Month Day Year 11/10/86							

LAXF93128

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA10000646257	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address 11310 SHERMAN WAY SUN VALLEY CA 4. Generator's Phone (213) 875-2930			A. State Manifest Document Number 86132968		
5. Transporter 1 Company Name DISPOSAL CONTROL SERVICE			B. State Generator's ID CA10000646257		
6. US EPA ID Number CA1010800341814			C. State Transporter's ID 21030		
7. Transporter 2 Company Name			D. Transporter's Phone 714-983-0342		
8. US EPA ID Number			E. State Transporter's ID		
9. Designated Facility Name and Site Address KETTLEMAN HILLS FACILITY 35251 SKYLINE RD. KETTLEMAN HILLS CITY CA			F. Transporter's Phone		
10. US EPA ID Number CA1000646117			G. State Facility's ID 1000646117		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) WASTE CORROSIVE LIQUID NOS. UN1760			12. Containers No. Type	13. Total Quantity	14. Unit Wt/Vol
			001	TTOR500	G
J. Additional Descriptions for Materials Listed Above CHROMIC ACID 2% HYDROCHLORIC ACID 4% SULFURIC ACID 12% NITRIC ACID 02% OIL GREASE < 1% WATER 93%			K. Handling Codes for Wastes Listed Above 16		
15. Special Handling Instructions and Additional Information GLOVE - APRON - BOOTS - FACE SHIELD					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.					
Printed/Typed Name LEWIS E AUGUSTINE			Signature <i>Lewis E Augustine</i>		Month Day Year 11/01/81
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name <i>James Axel</i>			Signature <i>James Axel</i>		Month Day Year 11/01/81
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name			Signature		Month Day Year
19. Discrepancy Indication Space ⑨ CUMULATIVE ⑩ DISCREPANCY ⑪ NO ENTRY					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.					
Printed/Typed Name Domingo B. Dominguez			Signature <i>Domingo B. Dominguez</i>		Month Day Year 11/01/81

86132968

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.		Manifest Document No.		2. Page 1 of		Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address FLIPAT Accessory services 11510 Sherman Way SHERMAN VALLEY, CA 9475-2930						A. State Manifest Document Number 86132891			
5. Transporter 1 Company Name Disposal Control Service						B. State Generator's ID 010000046287			
7. Transporter 2 Company Name						C. State Transporter's ID 710334			
9. Designated Facility Name and Site Address CHEMICAL WASTE MAT KETTLEMEN HILLS FACILITY 35251 SKYLINE RD KETTLE HILL CITY, CA						D. Transporter's ID 01000003-0347			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number) HAZARDOUS WASTE LIQUID NOS ORM-E NA 9189						E. State Transporter's ID			
12. Containers						F. Transporter's Phone			
13. Total Quantity						G. State Facility's ID 010000046117			
14. Unit Wt/Vol						H. Facility's Phone 916-951-326-9511			
15. Special Handling Instructions and Additional Information Gloves						16. Handling Codes for Wastes Listed Above 8.21 99/02			
17. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.									
18. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.									
Printed/Typed Name Edwin P. Conley					Signature Edwin P. Conley				
Month Day Year 1/16/16									
17. Transporter 1 Acknowledgement of Receipt of Materials					18. Transporter 2 Acknowledgement of Receipt of Materials				
Printed/Typed Name Disposal Control Service					Signature [Signature]				
Month Day Year 1/16/16									
19. Discrepancy Indication Space Incomplete 2-1001					20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.				
Printed/Typed Name Joseph Hernandez					Signature [Signature]				
Month Day Year 1/16/16									

HP 000055

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address FLIGHT ACCESSORY SERVICES 1110 STEVENSON WAY, SUITE 100, CA 91352				A. State Manifest Document Number 86132971		
4. Generator's Phone (213) 875-2950				B. State Generator's ID CA000646257		
5. Transporter 1 Company Name LIQUID WASTE INC		6. US EPA ID Number CA11111111		C. State Transporter's ID 71037		
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 800-224-3545		
9. Designated Facility Name and Site Address CHEM. WASTE INC KETTLEMAN HILLS FACILITY 35251 KETTLEMAN RD. KETTLEMAN HILLS CITY, CA				E. State Transporter's ID		
10. US EPA ID Number CA11111111				F. Transporter's Phone		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)				G. State Facility's ID CAT000646117		
a. HAZARDOUS WASTE LIQUID NO. 1 DEM-E NA9189				H. Facility's Phone 209-386-9711		
b.				12. Containers No. Type		
c.				13. Total Quantity 191010K-1		
d.				14. Unit Wt/Vol 222		
J. Additional Descriptions for Materials Listed Above A- WATER 90% B- SOLUBLE OIL 10% LAX-553746				K. Handling Codes for Wastes Listed Above 99/03		
15. Special Handling Instructions and Additional Information GLOVES						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations. Unless I am a small quantity generator who has been exempted by statute or regulation from the duty to make a waste minimization certification under Section 3002(b) of RCRA, I also certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and I have selected the method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment.						
Printed/Typed Name LEWIS E. AUGUSTINE		Signature <i>L. E. Augustine</i>		Month Day Year 12/21/86		
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name James A. D.		Signature <i>James A. D.</i>		Month Day Year 12/21/86		
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year		
19. Discrepancy Indication Space ① KETTLEMAN CITY CA 91352						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name Stephen Pickell Jr.		Signature <i>Stephen Pickell</i>		Month Day Year 12/21/86		

86132971

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address		4. Generator's Phone ()			A. State Manifest Document Number 84550536	
5. Transporter 1 Company Name		6. US EPA ID Number			B. State Generator's ID CH0000646257	
7. Transporter 2 Company Name		8. US EPA ID Number			C. State Transporter's ID 56142	
9. Designated Facility Name and Site Address		10. US EPA ID Number			D. Transporter's Phone 916-483-0342	
					E. State Transporter's ID	
					F. Transporter's Phone	
					G. State Facility's ID	
					H. Facility's Phone 1-805-1937-8449	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	14. Unit Mt/Vol	I. Waste No.
a. 11-2-2000 HAZARDOUS WASTE		No. Type				
b. HAZARDOUS WASTE		001		200	001	225
c.						
d.						
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above				
HAZARDOUS WASTE		9070 1070				
15. Special Handling Instructions and Additional Information Gloves						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name		Signature		Date		
Edwin F. Conley		Edwin F. Conley		1/15/85		
17. Transporter 1 Acknowledgement of Receipt of Materials						
Printed/Typed Name		Signature		Date		
JULIO CORDER		JULIO CORDER		01/15/85		
18. Transporter 2 Acknowledgement or Receipt of Materials						
Printed/Typed Name		Signature		Date		
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						
Printed/Typed Name		Signature		Date		

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address HOSPITAL CLINICAL MEDICAL 1474 N. 100th St. Ste. 100 Methuen, MA 01844-1100				A. State Manifest Document Number 84550535	
4. Generator's Phone () - - (617) 253-1930				B. State Generator's ID MA 1006646257	
5. Transporter 1 Company Name V-TRAC INC.		6. US EPA ID Number MA 1006646257		C. State Transporter's ID 36142	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 783 8034	
9. Designated Facility Name and Site Address HOSPITAL CLINICAL MEDICAL 1474 N. 100th St. Ste. 100 Methuen, MA 01844-1100		10. US EPA ID Number		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID	
				H. Facility's Phone (903) 937-8449	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit Wt/Vol	1. Waste No.
a. <i>Water Based Solution</i> <i>Corrosive Liquid</i>		No. Type			
J. Additional Descriptions for Materials Listed Above <i>Water Based Solution</i> <i>Corrosive Liquid</i> <i>5090</i> <i>3090</i> <i>3090</i>		K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information <i>Gloves & Goggles</i>					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name <i>Edwin P. Conley</i>		Signature <i>Edwin P. Conley</i>		Date Month Day Year <i>1 10 85</i>	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature <i>Julio Ochoa</i>		Date Month Day Year <i>01 10 85</i>	
Printed/Typed Name <i>JULIO OCHOA</i>		Signature		Date Month Day Year	
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date Month Day Year	
Printed/Typed Name		Signature		Date Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name		Signature		Date Month Day Year	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address		4. Generator's Phone		A. State Manifest Document Number 84550534	
5. Transporter 1 Company Name		6. US EPA ID Number		B. State Generator's ID	
7. Transporter 2 Company Name		8. US EPA ID Number		C. State Transporter's ID	
9. Designated Facility Name and Site Address		10. US EPA ID Number		D. Transporter's Phone	
				E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID	
				H. Facility's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	14. Unit
		No.	Type		Waste No.
a. 11/1/84		1		54	211
b. 11/1/84		2		54	214
c.					
d.					
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name		Signature		Date	
Edwin P. Conley		Edwin P. Conley		1/8/85	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature		Date	
Printed/Typed Name		Signature		Date	
18. Transporter 2 Acknowledgement of Receipt of Materials		Signature		Date	
Printed/Typed Name		Signature		Date	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name		Signature		Date	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAG000646257	Manifest Document No. 4	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address Hazardous Waste Services 1110 Sherman Way Chico, CA 95926				A. State Manifest Document Number 84550548	
4. Generator's Phone (530) 341-1117				B. State Generator's ID CAG000646257	
5. Transporter 1 Company Name L. J. ...		6. US EPA ID Number CAG000646257		C. State Transporter's ID 56142	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (714) 993-0342	
9. Designated Facility Name and Site Address NT 4111		10. US EPA ID Number		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID	
				H. Facility's Phone 9057937-8469	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit	I. Waste No.
a. Hazardous Waste Liquid Res		No.	Type	MA/Vol	
b. Soluble Oil NA 9149		CC-1	1	500? 1000L	222
c.					
d.					
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information Gloves					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name Edwin P. Conley		Signature Edwin P. Conley		Date 2/26/85	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature Julio Ornela		Date 03/26/85	
Printed/Typed Name JULIO ORNELA		Signature		Date	
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date	
Printed/Typed Name		Signature		Date	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name		Signature		Date	
				Month Day Year	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. HDC00646-57	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address PACIFIC HAZARDOUS SERVICES 11310 SHILOH MANWAY SUN VALLEY, CA 94134				A. State Manifest Document Number 84550537	
4. Generator's Phone (213) 275-2150				B. State Generator's ID CADC00646257	
5. Transporter 1 Company Name LIQUID WASTE ASST.		6. US EPA ID Number HDC00646257		C. State Transporter's ID 56112	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (905) 937-8449	
9. Designated Facility Name and Site Address LTD. INC. RESOURCE 1 UTAH ROAD COLUMBIA, IL 62231		10. US EPA ID Number CADC00646257		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID	
				H. Facility's Phone (905) 937-8449	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		13. Total Quantity	14. Unit Wt/Vol
		No.	Type		
a. 114 LBS. 24500 NOS WATER-SOLUBLE OIL WH 1139		60	CM	650	Gal
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above WASTE OIL 905 109		K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information G/OVCS					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name EDWIN P. CONLEY		Signature Edwin P. Conley		Date 5/10/85	
17. Transporter 1 Acknowledgement of Receipt of Materials				Date	
Printed/Typed Name JULIO ORCON		Signature Julio Orcon		Month Day Year 05/10/85	
18. Transporter 2 Acknowledgement or Receipt of Materials				Date	
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name		Signature		Date Month Day Year	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C AD 0 0 06 46257	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address FLIGHT ACCESSORY SERVICES 11310 Sherman Way, Sun Valley CA 91352			A. State Manifest Document Number 84550548		
4. Generator's Phone (213) 875-2930			B. State Generator's ID CAD 000646257		
5. Transporter 1 Company Name Rho Chem Corp.		6. US EPA ID Number CAD 0 0 83 64 4 3 2		C. State Transporter's ID 57536	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (213) 776-6233	
9. Designated Facility Name and Site Address Rho Chem Corp. 425 Isis Ave Inglewood, CA 90301		10. US EPA ID Number C AD 0 0 08 36 44 3 2		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID CAD 008364432	
				H. Facility's Phone (213) 776-6233	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers	13. Total Quantity	14. Unit
			No.	Type	Waste No.
a. Waste ORM-A Liquid NA 1693			2	Drums M	108 Gal 211
b. Waste NOS Flammable Liquid UN 1993			2	Drums M	108 Gal 214
c.					
d.					
J. Additional Descriptions for Materials Listed Above			K. Handling Codes for Wastes Listed Above		
A-1 131 Trichloroethane 800					
A-2 Oil, Metal Finishes, Water 200					
B-1 Material 10 700					
B-2 Oil, Metal Finishes, Water 300					
15. Special Handling Instructions and Additional Information Gloves and Goggles to be worn when handling Hazardous Waste					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name Edwin P. Conley			Signature <i>Edwin P. Conley</i>		Date Month Day Year 6 5 85
17. Transporter 1 Acknowledgement of Receipt of Materials			Signature <i>Gerald Rie</i>		Date Month Day Year 6 5 85
Printed/Typed Name GERALD RIE			Signature		Date Month Day Year
18. Transporter 2 Acknowledgement or Receipt of Materials			Signature		Date Month Day Year
Printed/Typed Name			Signature		Date Month Day Year
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name			Signature		Date Month Day Year

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address FLIGHT ACCESSORY SERVICES 11310 SHERIDAN AVE. SAN VALE, CALIF. 91352		1. Generator's US EPA ID No. CAD000646257		A. State Manifest Document Number 84158840	
4. Generator's Phone (212) 875-2950		6. US EPA ID Number		B. State Generator's ID CAD000646257	
5. Transporter 1 Company Name Liquid Waste Mgmt.		7. US EPA ID Number LCAT80034104		C. State Transporter's ID 54990	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone 6741983030	
9. Designated Facility Name and Site Address Casmalia Resource NTURad Casmalia Calif		10. US EPA ID Number KAD0006748126		E. State Transporter's ID	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers		F. Transporter's Phone	
a. Waste UN 1959 Corrosive mat. Corrosive Solid NOS		No. Type		G. State Facility's ID	
		13. Total Quantity		H. Facility's Phone (605) 937-8449	
		14. Unit			
		15. Waste No.			
b.					
c.					
d.					
16. Additional Descriptions for Materials Listed Above Crude Oil Sludge with Vermiculite		K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information Gloves & Goggles					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name HARRY GUNN		Signature Harry Gunn		Date Month Day Year 7 12 85	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature Ken Hudson		Date Month Day Year 7 12 85	
Printed/Typed Name KEN HUDSON		Signature		Date	
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date	
Printed/Typed Name		Signature		Date	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name		Signature		Date Month Day Year	

Yellow: GENERATOR RETAINS

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. C A D 000646257		Manifest Document No.		2. Page 1 of		Information in the shaded areas is not required by Federal law.					
3. Generator's Name and Mailing Address Flight Accessory Service 11510 Sherman Way Sun Valley, Calif.						A. State Manifest Document Number 84550538							
4. Generator's Phone (213) 272-2930						B. State Generator's ID C A D 000646257							
5. Transporter 1 Company Name Liquid Waste Mgmt.						C. State Transporter's ID SK112							
6. US EPA ID Number CAT 400-4184						D. Transporter's Phone 923-0342							
7. Transporter 2 Company Name						E. State Transporter's ID							
8. US EPA ID Number						F. Transporter's Phone							
9. Designated Facility Name and Site Address CASHMIRA RESOURCE I NTH ROAD CASHMIRA CALIF						G. State Facility's ID							
10. US EPA ID Number CA1026748125						H. Facility's Phone 937-3449							
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity		14. Unit		15. Waste No.	
a. HAZARDOUS WASTE LIQUID NOS WATER SOLUBLE OIL NA9184						No. Type		700		GAL		222	
b.													
c.													
d.													
J. Additional Descriptions for Materials Listed Above						K. Handling Codes for Wastes Listed Above							
16. Special Handling Instructions and Additional Information Gloves													
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.													
Printed/Typed Name Edwin P. Conley						Signature Edwin P. Conley		Date 7/3/85					
17. Transporter 1 Acknowledgement of Receipt of Materials													
Printed/Typed Name JULIO CINCIN						Signature Julio Cincin		Date 07/03/85					
18. Transporter 2 Acknowledgement or Receipt of Materials													
Printed/Typed Name						Signature		Date					
19. Discrepancy Indication Space													
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.													
Printed/Typed Name						Signature		Date					

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA 0000646257	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address Flight Access Services 11510 Sheiman Way Sun Valley, CA 91354 875-2930			A. State Manifest Document Number 84550545		
4. Generator's Phone (213) 875-2930			B. State Generator's ID CA 0000646257		
5. Transporter 1 Company Name Liquid Waste Mgt			C. State Transporter's ID 54998		
6. US EPA ID Number CA 00034154			D. Transporter's Phone (714) 983-0342		
7. Transporter 2 Company Name			E. State Transporter's ID		
8. US EPA ID Number			F. Transporter's Phone		
9. Designated Facility Name and Site Address CA Smelter Resource NTU Road Casmalia, CA			G. State Facility's ID		
10. US EPA ID Number CA 000074125			H. Facility's Phone (805) 937-8449		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers No.	13. Total Quantity	14. Unit Wt/Vol
a. Hazardous waste liquid water soluble oil / NF 9189			001	FF	600
b.					
c.					
d.					
15. Additional Descriptions for Materials Listed Above Waste E-7476			K. Handling Codes for Wastes Listed Above 9010 1010		
16. Special Handling Instructions and Additional Information Gloves					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name Edwin P. Conley			Signature Edwin P. Conley		Date 8/12/85
17. Transporter 1 Acknowledgement of Receipt of Materials			Signature James Lawrence		Date 8/12/85
Printed/Typed Name JAMES LAWRENCE			Signature		Date
18. Transporter 2 Acknowledgement or Receipt of Materials			Signature		Date
Printed/Typed Name			Signature		Date
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name			Signature		Date

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No. CA0000646257	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address F.L. HAZARDOUS SERVICES 11310 SHERMAN WAY SHANLEY CALIF				A. State Manifest Document Number 84550627	
4. Generator's Phone (213) 875-2930				B. State Generator's ID CA0000646257	
5. Transporter 1 Company Name LIQUID WASTE MGT		6. US EPA ID Number CA00034184		C. State Transporter's ID 5114	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (714) 983-0342	
9. Designated Facility Name and Site Address CHENYIA RESEARCH NTU ROAD CASM 2/14 CAL.		10. US EPA ID Number CA0020748125		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID	
				H. Facility's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers	13. Total Quantity	14. Unit
			No.	Type	Wt/Vol
a. HAZARDOUS WASTE LIQUID NOS WATER SOLUBLE OIL NA 9189			001	CM	600
b.					
c.					
d.					
15. Special Handling Instructions and Additional Information Gloves			K. Handling Codes for Wastes Listed Above		
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.			Date Month Day Year 9 13 85		
Printed/Typed Name Edwin P. Conley		Signature Edwin P. Conley		Date Month Day Year 9 13 85	
17. Transporter 1 Acknowledgement of Receipt of Materials		Signature Tony H...		Date Month Day Year 9 13 85	
Printed/Typed Name Joe...		Signature		Date Month Day Year	
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date Month Day Year	
Printed/Typed Name		Signature		Date Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name		Signature		Date Month Day Year	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		Generator's US EPA ID No. CA 0000646257	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address Flight Recovery Services 11210 Sherman Way, Sun Valley, CA 91352				A. State Manifest Document Number 84550531	
4. Generator's Phone (213) 875-2930				B. State Generator's ID CA 0000646257	
5. Transporter 1 Company Name KHO Chem Corp		6. US EPA ID Number CA 000364432		C. State Transporter's ID 57506	
7. Transporter 2 Company Name		8. US EPA ID Number		D. Transporter's Phone (213) 776-6233	
9. Designated Facility Name and Site Address KHO Chem Corp 425 I St Ave Inglewood, CA 90301		10. US EPA ID Number CA 000364432		E. State Transporter's ID	
				F. Transporter's Phone	
				G. State Facility's ID CA 000364432	
				H. Facility's Phone	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers	13. Total Quantity	14. Unit	1. Waste No.
a. WASTE OR MFL HAZARDOUS LIQUID 1993		No. Type			
b. SOLVENT (KHO-5014 1204)					
WASTE NOS FLAMMABLE LIQUID 1993		8 1. 440			214
c.					
d.					
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above			
1-1 ALL METAL FINES, WATER 2090					
1-2 ALL METAL FINES, WATER 2090					
1-3 ALL METAL FINES, WATER 2090					
15. Special Handling Instructions and Additional Information					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name Edwin P. Conley		Signature Edwin P. Conley		Date 10/11/85	
17. Transporter 1 Acknowledgement or Receipt of Materials		Signature Gerald Riles		Date 10/11/85	
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date	
Printed/Typed Name		Signature		Date	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name		Signature		Date	

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No.	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address FLEET - SERVICE 10000 1st St. Valley Co - 91252				A. State Manifest Document Number 84550528		
4. Generator's Phone () - -		6. US EPA ID Number		B. State Generator's ID CPCC00646257		
5. Transporter 1 Company Name		7. Transporter 2 Company Name		C. State Transporter's ID		
				D. Transporter's Phone () - -		
		8. US EPA ID Number		E. State Transporter's ID		
				F. Transporter's Phone		
9. Designated Facility Name and Site Address 10000 1st St. Valley Co - 91252		10. US EPA ID Number		G. State Facility's ID		
				H. Facility's Phone () - -		
				(800) 937-8449		
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit	15. Waste No.	
a. WASTE W-200 2000000000 101943		110	TT	100	200	222
b.						
c.						
d.						
J. Additional Descriptions for Materials Listed Above WASTE 9090 1090		K. Handling Codes for Wastes Listed Above				
15. Special Handling Instructions and Additional Information 6/1/85						
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name Edwin P. Carley		Signature <i>Edwin P. Carley</i>		Date Month Day Year 11/06/85		
17. Transporter 1 Acknowledgement or Receipt of Materials				Date		
Printed/Typed Name JAMES LAWRENCE		Signature <i>James Lawrence</i>		Month Day Year 11/06/85		
18. Transporter 2 Acknowledgement or Receipt of Materials				Date		
Printed/Typed Name		Signature		Month Day Year		
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19.						
Printed/Typed Name		Signature		Date Month Day Year		

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA0000646257	Manifest Document No.	2. Page 1 of	Information in the shaded areas is not required by Federal law.
3. Generator's Name and Mailing Address Flight Accessory Services 11376 Sherman Way, Sun Valley CA 91352		A. State Manifest Document Number 84550529			
4. Generator's Phone (213) 875-2930		B. State Generator's ID CA0000646257			
5. Transporter 1 Company Name Liquid Waste M&E		C. State Transporter's ID 06349			
6. US EPA ID Number CA00034184		D. Transporter's Phone (714) 983-0342			
7. Transporter 2 Company Name		E. State Transporter's ID			
8. US EPA ID Number		F. Transporter's Phone			
9. Designated Facility Name and Site Address Cosmos Resource 274 Road Cosmos, Calif.		G. State Facility's ID			
10. US EPA ID Number CA0026748125		H. Facility's Phone (905) 937-8449			
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	15. Waste No.
a. WASTE WATER SOLUBLE OIL 401993 Combustible liquid		000	TT	600	901
b.					
c.					
d.					
16. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above			
15. Special Handling Instructions and Additional Information Gloves					
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.					
Printed/Typed Name Edwin P. Conley		Signature Edwin P. Conley		Date Month Day Year 12/20/85	
17. Transporter 1 Acknowledgement or Receipt of Materials		Signature		Date	
Printed/Typed Name D. L. Allen		Signature		Month Day Year 12/20/85	
18. Transporter 2 Acknowledgement or Receipt of Materials		Signature		Date	
Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space					
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.					
Printed/Typed Name		Signature		Date Month Day Year	

Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER

GENERATOR NAME AND MAILING ADDRESS

Flight Accessory Service
10 Sherman Way
Valley

AREA CODE/PHONE NUMBER

1 1 275-2930

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

01710016412157

TRANSPORTER NO. 1

Flight Accessory Service
Box 1092
Valley Calif.

VEH/CONTAINER NO.

EPA ID NUMBER

01004141214017100100072141

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH/CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

EPH Long Beach
1000 So. Beach Ave
Long Beach CA 90801

EPA ID NUMBER

AREA CODE/PHONE NUMBER

(213) 915-2916

01710016412157

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT. NO. DIS
MET

Water Soluble Oil

11119193

11510901

0101

TC 222

222

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPM

Water

70

✓

soluble oil

10

✓

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

MO.

DAY

YR.

Printed or typed full name and signature

Edwin P Conley

011

214

814

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

KADY L. HILL

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

011

214

814

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

DISCREPANCY INDICATION SPACE

HP 000071

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO.

DAY

YR.

Printed or typed full name and signature

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN BY TRANSPORTER

TO BE FILLED IN BY TSDF

Please print or type with ELITE type (12 characters per inch)

STATE ID NUMBER

83327456

GENERATOR NAME AND MAILING ADDRESS

Fluent Accessory Services

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

AREA CODE/PHONE NUMBER

TRANSPORTER NO. 1

Rho-Chem Corp.
425-ISIS
Inglewood Calif

VEH./CONTAINER NO.

EPA ID NUMBER

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

E.K.K.

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

Rho-Chem Corp

EPA ID NUMBER

AREA CODE/PHONE NUMBER

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT. NO. ME

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT. NO. ME

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPV

Oil & Perchloroethylene

90

10

X

SPECIAL HANDLING INSTRUCTIONS

Glones

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature

Edwin P. Conley Edwin P Conley

MO.

DAY

YR.

91

21

84

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

01

25

84

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

HP 000072

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO.

DAY

YR.

Printed or typed full name and signature

Please print or type with ELITE type (12 characters per inch).

W/C 0016
STATE ID NUMBER 83300279

GENERATOR NAME AND MAILING ADDRESS

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

AREA CODE/PHONE NUMBER

TRANSPORTER NO. 1

VEH/CONTAINER NO.

EPA ID NUMBER

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH/CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

EPA ID NUMBER

AREA CODE/PHONE NUMBER

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT. NO. MET

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPM

SPECIAL HANDLING INSTRUCTIONS

CLONES & CLUES
This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

HP 000073

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

Printed or typed full name and signature

EPA ID NUMBER

DATE RECEIVED & ACCEPTED

MO. DAY YR.

GENERATOR RETAINS

UNIFORM HAZARDOUS WASTE MANIFEST

Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER

83300450

GENERATOR NAME AND MAILING ADDRESS

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

AREA CODE/PHONE NUMBER

TRANSPORTER NO. 1

VEH./CONTAINER NO.

EPA ID NUMBER

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

EPA ID NUMBER

AREA CODE/PHONE NUMBER

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT. NO. ME

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPM

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

MO. DAY YR.
14 15 84

Printed or typed full name and signature

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO. DAY YR.
14 15 84

Printed or typed full name and signature

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO. DAY YR.

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

HP 000074

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO. DAY YR.

Printed or typed full name and signature

GENERATOR RETAINS

83317854

Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER

GENERATOR NAME AND MAILING ADDRESS

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

AREA CODE/PHONE NUMBER

TRANSPORTER NO. 1

VEH/CONTAINER NO.

EPA ID NUMBER

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH/CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

EPA ID NUMBER

AREA CODE/PHONE NUMBER

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT. NO

DISP
MET

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPM

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

MO.

DAY

YR.

Printed or typed full name and signature

Edwin P. Conley

MO.

DAY

YR.

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE

MO.

DAY

YR.

Printed or typed full name and signature

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE

MO.

DAY

YR.

Printed or typed full name and signature

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

DISCREPANCY INDICATION SPACE

HP 000075

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO.

DAY

YR.

Printed or typed full name and signature

GENERATOR RETAINS

UNIFORM HAZARDOUS WASTE MANIFEST

Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER

83317836

GENERATOR NAME AND MAILING ADDRESS

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

AREA CODE/PHONE NUMBER

TRANSPORTER NO. 1

VEH./CONTAINER NO

EPA ID NUMBER

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

EPA ID NUMBER

AREA CODE/PHONE NUMBER

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT. NO. ME

Water Soluble Oil

111137

100

200

111137

111137

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPM

WATER

90

✓

Oil

10

✓

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

MO.

DAY

YR

Printed or typed full name and signature

17

19

84

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR

Printed or typed full name and signature

17

19

84

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO

DAY

YR

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

HP 000076

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO

DAY

YR

Printed or typed full name and signature

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN BY TRANSPORTER

TO BE FILLED IN BY TSD

GENERATOR RETAINS

HAZARDOUS WASTE MANAGEMENT BRANCH

UNIFORM HAZARDOUS WASTE MANIFEST

714-744 P Street

Sacramento, CA 95814

Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER

83316643

GENERATOR NAME AND MAILING ADDRESS

Flight Tech Services

1011 Sherman Way

San Rafael, CA 941352 (213) 875-7734

AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

CA1000646257

TRANSPORTER NO. 1

Disposal Control Service

1369 W. 9th St.

Upland Cal. 91786 (714) 955-4444

783-0342

VEH/CONTAINER NO.

EPA ID NUMBER

44781 CA100034113

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH/CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

B.M.M. Land Fill

210 S. AZUSA

West Covina 91790 (213) 765-0916

AREA CODE/PHONE NUMBER

EPA ID NUMBER

CA000798474

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBERTOTAL
QUANTITYUNIT
WT/VOLCONTAINER
NO. TYPEWASTE
CAT. NO. M

OIL NOS Combustible

NA112707110

G

0101CT

1/24

Water Soluble

2/21

COMPONENTS

CONC. RANGE

UPPER LOWER

UNITS

% PP

WATER

90

Oil

10

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature

HARRY GUNN Harry Gunn

MO.

DAY

YR

018

310

814

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO

DAY

YR

Printed or typed full name and signature

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO

DAY

YR

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

HP 000077

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO

DAY

YR

Printed or typed full name and signature

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN BY TRANSPORTER

TO BE FILLED IN BY TSD

UNIFORM HAZARDOUS WASTE MANIFEST

83316760

Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER

GENERATOR NAME AND MAILING ADDRESS
FLIGHT ACCESSORY SERVICES (213) 967 3930
11210 SHERMAN WAY
AREA CODE/PHONE NUMBER SUN VALLEY, CA, 91352

MANIFEST DOCUMENT NUMBER
EPA ID NUMBER

CA110006145257

TRANSPORTER NO. 1
LIQUID WASTE MANAGEMENT
1369 W 9TH ST
UPLAND, CA, 91786 714 930 2112

VEH. CONTAINER NO EPA ID NUMBER

111111115 CA11080031118

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY
CASINLIA RESOURCES, INC.
NTU ROAD
AREA CODE/PHONE NUMBER CASINLIA, CA, 805 937 8419

EPA ID NUMBER

CA102071481125

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT. NO. DISF
MET

CORROSIVE LIQUID N.O.S.

UN17610

318000

6

001 CIT 1111

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPM

Chromic Acid
Water

170
99%

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature
HARRIS A. GUNN

MO. DAY YR.
8 29 84

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

JULIO ORCHOA Julio Orchoa

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO. DAY YR.

Printed or typed full name and signature

GENERATOR RETAINS

DEC 5 1984

Amended

Please print or type. (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CA D000646257		Manifest Document No. 2009		2. Page 1 of		Information in the shaded areas is not required by Federal law.		
3. Generator's Name and Mailing Address Flight Accessory Service 11310 Sherman Way Sun Valley Calif 91352						A. State Manifest Document Number 84550549				
4. Generator's Phone (213) 875-2930						B. State Generator's ID CA D000646257				
5. Transporter 1 Company Name RHO Chem Corp 425-Isis Ave Inglewood Calif						6. US EPA ID Number CA D0008364432				
7. Transporter 2 Company Name						8. US EPA ID Number				
9. Designated Facility Name and Site Address RHO-Chem Corp 425-Isis Ave Inglewood Calif						10. US EPA ID Number CA D0008364432				
						E. State Transporter's ID 92937				
						D. Transporter's Phone (213) 776-6233				
						F. Transporter's Phone				
						G. State Facility's ID CA D0008364432				
						H. Facility's Phone (213) 776-6233				
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)						12. Containers		13. Total Quantity	14. Unit Wt/Vol	L. Waste No.
						No.	Type			
a. Waste ORM-A Liquid NOSHA-1693 2						Dm	100gal	G	211	
b.										
c.										
d.										
J. Additional Descriptions for Materials Listed Above 1,1,1 Trichloroethane 9070 1070						K. Handling Codes for Wastes Listed Above 01				
15. Special Handling Instructions and Additional Information										
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.										
Printed/Typed Name Edwin P. Conley						Signature Edwin P. Conley		Date 11/30/84		
17. Transporter 1 Acknowledgement of Receipt of Materials										
Printed/Typed Name Kenneth Thomas (9014)						Signature Kenneth Thomas		Date 11/30/84		
18. Transporter 2 Acknowledgement or Receipt of Materials										
Printed/Typed Name						Signature		Date Month Day Year		
19. Discrepancy Indication Space										
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.										
Printed/Typed Name Chet Earley						Signature Chet Earley		Date 11/30/84		

Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER 8 3056516

GENERATOR NAME AND MAILING ADDRESS

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

AREA CODE/PHONE NUMBER

VEH./CONTAINER NO.

EPA ID NUMBER

TRANSPORTER NO. 1

Flight Accessory Service
11310 SHERMAN WAY
SUN VALLEY, CALIF. 91325-2930

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH./CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

EPA ID NUMBER

BRK LAND FILL
3210 S. AZUSA AVE.
WEST COVING. 91791 (213) 965-0916

AREA CODE/PHONE NUMBER

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT NO. DI
ME

Water Soluble Oil

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPI

Water

90

✓

Oil

10

✓

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

Printed or typed full name and signature

Edwin P. Canley

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

ROBERT P. RICHARDS

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.

Printed or typed full name and signature

EPA ID NUMBER

DATE RECEIVED & ACCEPTED

MO. DAY YR.

HP 000080

GENERATOR RETAINS

TO BE FILLED IN BY GENERATOR

TO BE FILLED IN BY TRANSPORTER

TO BE FILLED IN BY TSD

SEE REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 003970 83
3-16

GENERATOR (GENERATOR MUST COMPLETE)

③ NAME _____
EPA NO.
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO. _____
ORDER PLACED BY Amaly ORDER DATE 11-11-83
P.O. _____
CONTRACT NO. _____

③ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME FBK
EPA NO. CAD0000780744
ADDRESS 2210 P. 25th St
CITY, STATE, ZIP CODE WASCO CALIF 91791
PHONE NO. 213-945-0916

④ ALTERNATE TSD FACILITY

NAME _____
EPA NO.
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO. _____

⑤ U. S. DOT PROPER SHIPPING NAME

WASTE	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE	Flammable	114	700	gals	DRUMS TANK TRUCK
WASTE					BAGS OTHER

⑥ WASTE CATEGORY 114
⑦ LIST COMPONENTS:
A CONC. RANGE UPPER 10 LOWER UNITS
B CONC. RANGE UPPER 10 LOWER UNITS
C CONC. RANGE UPPER LOWER UNITS
D CONC. RANGE UPPER LOWER UNITS
⑧ WASTE PROPERTIES: PH ☐ TOXIC ☒ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑨ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER
⑩ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑪ SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑬ NAME LIQUID WASTE MANAGEMENT

EPA NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 1569
UNIT NO. 7-2

⑭ PICK-UP DATE TIME ☐ AM ☒ PM

⑮ SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑯ NAME
EPA NO.
⑰ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT
⑱ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

NAME
EPA NO.
REVISED 11/80

⑲ QUANTITY (IF MEASURED)
⑳ STATE FEE (IF ANY) \$

⑳ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

⑲ SIGNATURE OF AUTHORIZED AGENT & TITLE HP 000081

DATE ACCEPTED

MAY 20 1983

4-29-83

STATE ID NUMBER 83100707

Please print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS <i>18920</i>						MANIFEST DOCUMENT NUMBER			
AREA CODE/PHONE NUMBER						EPA ID NUMBER			
TRANSPORTER NO. 1				VEH./CONTAINER NO.		EPA ID NUMBER			
TRANSPORTER NO. 2/ALTERNATE TSD FACILITY				VEH./CONTAINER NO.		EPA ID NUMBER			
TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY <i>18920</i>						EPA ID NUMBER			
AREA CODE/PHONE NUMBER									
PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS				UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO.	WASTE CAT NO.	DIS MET
Waste Soluble oil									9
WATER									
COMPONENTS						CONC. RANGE UPPER LOWER		UNITS % PPM	
WATER									
SPECIAL HANDLING INSTRUCTIONS									
This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.									
Printed or typed full name and signature <i>Harry Ramirez</i>						MO.	DAY	YR.	
<input type="checkbox"/> Check if continuation sheet is used. Number of continuation sheets									
TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES						DATE REC'D & ACCEPTED	MO.	DAY	YR.
Printed or typed full name and signature <i>Harry Ramirez</i>							4	27	1
TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES						DATE REC'D & ACCEPTED	MO.	DAY	YR.
Printed or typed full name and signature									
DISCREPANCY INDICATION SPACE <i>0 2.07</i> <i>60 See 83078037</i>									
Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDf must complete waste number. See instructions.									
Printed or typed full name and signature <i>RON SAGER</i>						EPA ID NUMBER	MO.	DAY	YR.
						CA49677186749	04	29	83

HAZARDOUS MATERIALS MANAGEMENT
SECTION
744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

6-22-83

(Please print or type with ELITE type (12 characters per inch)).

STATE ID NUMBER 8205235

GENERATOR NAME AND MAILING ADDRESS

Flight Accessory Service
11310 Sherman way

AREA CODE/PHONE NUMBER

*Sun Valley*MANIFEST DOCUMENT NUMBER
EPA ID NUMBER*CA70006462570004*

TRANSPORTER NO. 1

VEH./CONTAINER NO.

EPA ID NUMBER

*Rho-Chem Corp.**4391 CA70008864432*

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

BKK Corporation

EPA ID NUMBER

CA700067786749

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

Rho-Chem Corp
425 ISSAve
INglewood, CA 90301

EPA ID NUMBER

CA70008364432

AREA CODE/PHONE NUMBER

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBERTOTAL
QUANTITYUNIT
WT/VOLCONTAINER
NO. TYPEWASTE
CAT. NO.*Waste ORM-H**00055 CT**002 DM 2110**Non-flammable liquid*

COMPONENTS

CONC.
UPPERRANGE
LOWERUNITS
% ppm*Rho-Perc 235**80**70**Oil**15**08**Water**5**2*

SPECIAL HANDLING INSTRUCTIONS

Goggles & gloves

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.

Edwin P. Conley

PRINTED OR TYPED FULL NAME AND SIGNATURE

*Edwin P. Conley*MO. DAY YR.
06 21 83☐ CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

*ALFRED MAY**Alfred May #72042*MO. DAY YR.
06 22 83

PRINTED OR TYPED FULL NAME AND SIGNATURE

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO. DAY YR.

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

EPA ID NUMBER

MO. DAY YR.

SEE REVERSE SIDES FOR INSTRUCTIONS. PLEASE TYPE OR PRINT CLEARLY.

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

① NAME Flight Maintenance Service
EPA NO. 27100074245
ADDRESS 1110 N. Mainway
CITY, STATE, ZIP CODE San Jose, CA 95128
PHONE NO. 408-291-1111
ORDER PLACED BY _____ ORDER DATE 1-1-83
P.O. NO. _____
CONTRACT NO. _____

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 004103

② DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME KKK
EPA NO. 121007965147
ADDRESS 7-211 PZOLA Rd
CITY, STATE, ZIP CODE West Sacramento, CA 95691
PHONE NO. 415-765-7716

③ ALTERNATE TSD FACILITY

NAME _____
EPA NO. _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO. _____

④ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE <u>1.2.2.1</u>	<u>Flammable</u>	<u>1.2</u>	<u>100</u>	<u>741</u>	DRUMS <u>_____</u> BAGS <u>_____</u> CARTONS <u>_____</u> DUMP TRUCK <u>_____</u>
WASTE <u>1.2.2.1</u>	<u>1.2</u>	<u>1.2</u>	<u>100</u>	<u>741</u>	TANK TRUCK <u>_____</u> OTHER <u>_____</u>

⑤ WASTE CATEGORY 1.2-4.3 ⑥ EX. HAZ. WASTE PERMIT NO. _____ ⑦ GENERATING PROCESS _____

⑧ LIST COMPONENTS:

	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS	PPM	E	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS	PPM
A <u>1.2.2.1</u>	<u>10</u>	<u>_____</u>	<u>_____</u>	<u>PPM</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>PPM</u>	<u>PPM</u>
B <u>1.2.2.1</u>	<u>10</u>	<u>_____</u>	<u>_____</u>	<u>PPM</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>PPM</u>	<u>PPM</u>
C <u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>PPM</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>PPM</u>	<u>PPM</u>
D <u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>PPM</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>PPM</u>	<u>PPM</u>

⑨ WASTE PROPERTIES PH _____ ☐ TOXIC ☒ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑩ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER _____

⑪ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER _____

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑫ Thomas P. Gentry
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED _____

TRANSPORTER (HAULER MUST COMPLETE)

⑬ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO 1 ⑭ PICK-UP DATE 1/1/83
UNIT NO 7-9 TIME 12 ☐ AM ☐ PM

⑮ Thomas P. Gentry
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑯ NAME KKK
EPA NO. 121007965147
⑰ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT _____
⑱ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME _____
EPA NO. _____

⑲ QUANTITY (IF MEASURED) SEE 4100
⑳ STATE FEE (IF ANY) \$ 1.87

⑳ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) _____
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

NAME _____
EPA NO. _____
REVISED 11/80

⑲ Thomas P. Gentry
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE ACCEPTED 1-1-83

SEE REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

PRESS HARD

GENERATOR

(GENERATOR MUST COMPLETE)

③ NAME Electric Accessory Services
EPA NO. 00000646257
ADDRESS 1110 Sherman Way
CITY, STATE, ZIP CODE Van Nuys CA 91411
PHONE NO. 213-293-8888
ORDER PLACED BY Electric ORDER DATE 7-18-83
P.O. / CONTRACT NO. _____

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

AUG 11 1983

363 - 003-25 3

④ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME ERK
EPA NO. CAD0000072843
ADDRESS 2210 HZSVA RD
CITY, STATE, ZIP CODE West Covina
PHONE NO. 213-965-0916

⑤ ALTERNATE TSD FACILITY

NAME _____
EPA NO. _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO. _____

⑥ U. S. DOT PROPER SHIPPING NAME

WASTE	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE	Flammable	117	500	gal	1
		1270			
					DRUMS
					TANK TRUCK
					BAGS
					CARTONS
					DUMP TRUCK
					OTHER

⑦ WASTE CATEGORY _____
⑧ LIST COMPONENTS: _____
A _____
B _____
C _____
D _____
⑨ EX. HAZ. WASTE PERMIT NO. _____
⑩ GENERATING PROCESS _____
WASTE PROPERTIES: PH _____ TOXIC _____ FLAMMABLE _____ CORROSIVE/IRRITANT _____
⑪ PHYSICAL STATE: _____ SOLID _____ LIQUID _____ SLUDGE _____ SLURRY _____ GAS _____ OTHER _____
⑫ SPECIAL HANDLING INSTRUCTIONS: _____ GLOVES _____ GOGGLES _____ RESPIRATOR _____ OTHER _____

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

SIGNATURE OF AUTHORIZED AGENT & TITLE _____
DATE SHIPPED _____

TRANSPORTER

(HAULER MUST COMPLETE)

⑬ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 93887
UNIT NO. 12-3

⑭ PICK-UP DATE 7/18/83
TIME 5:35 AM ☐ PM ☒

SIGNATURE OF AUTHORIZED AGENT & TITLE _____

TSD FACILITY

(OPERATOR MUST COMPLETE)

⑮ NAME _____
EPA NO. _____
⑯ QUANTITY (IF MEASURED) 1.63
⑰ STATE FEE (IF ANY) \$ _____
⑱ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT _____

⑲ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

NAME _____
EPA NO. _____
REVISED 11/80

⑳ HANDLING OR DISPOSAL METHOD

☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) _____
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

SIGNATURE OF AUTHORIZED AGENT & TITLE _____

DATE ACCEPTED _____

HP 000085

HAZARDOUS MATERIALS MANAGEMENT
SECTION
744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

(Please print or type with ELITE type (12 characters per inch)).

STATE ID NUMBER 8205236

GENERATOR NAME AND MAILING ADDRESS

Flight Accessory Services

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

AREA CODE/PHONE NUMBER

CAT000646257

TRANSPORTER NO. 1

Liquid Waste Management
P.O. Box 1082
Sun Valley, Calif.

VEH./CONTAINER NO.

EPA ID NUMBER

3587CAD00007FPA3

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

BKR Landfill
6210 SO ATUSA AVE
WEST COVING 91791(213) 965-0916

EPA ID NUMBER

CR0006778F749

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBERTOTAL
QUANTITYUNIT
WT/VOLCONTAINER
NO. TYPEWASTE
CAT. NO.

Water & soluble oil

500 gal

COMPONENTS

CONC.
UPPERRANGE
LOWERUNITS
% ppm

Water

90

oil

10

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.

PRINTED OR TYPED FULL NAME AND SIGNATURE

Eileen P. Conley

MO.

DAY

YR.

8

29

83

☐ CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

WAINE R DEARDS

PRINTED OR TYPED FULL NAME AND SIGNATURE

W R Deards

MO.

DAY

YR.

8

28

83

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

MO.

DAY

YR.

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.

DATE REC'D & ACCEPTED

EPA ID NUMBER

MO.

DAY

YR.

PRINTED OR TYPED FULL NAME AND SIGNATURE

See reverse side for instructions.
Please type or print clearly. Press Hard.

State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

1 Manifest Number 919- 001190

OCT 13 1983

GENERATOR

(GENERATOR MUST COMPLETE)

18920

2 Name Flight Technology Corp.
EPA # 1041701016441257
Address 11511 SHILOH Phone 975-2930
City, State, Zip SAN VALLEY

3 Designated TSD Facility (Authorized to operate under an approved state program or federal program.)

Name B K L
EPA # C H D I C H 171916511419
Address 2210 H T BURR Phone 975-0916
City, State, Zip 11511 SHILOH 975-2930

4 Alternate TSD Facility

Name _____
EPA # _____
Address _____ Phone _____
City, State, Zip _____

5 U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA ID NO.	WEIGHT OR VOLUME	UNITS	NUMBER OF CONTAINERS
WASTE <u>FLUORENCE</u>	<u>Flammable</u>	<u>1150</u>	<u>700</u>	<u>741</u>	
WASTE <u>FLUORENCE</u>					
TYPE: <input type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> OTHER					

6 Waste Category 47-45 7 Ext. Haz. Waste Permit No. _____ 8 Generating Process _____

LIST COMPONENTS: CONCENTRATION RANGE UPPER LOWER UNITS LIST COMPONENTS: CONCENTRATION RANGE UPPER LOWER UNITS

9 A. 10451011 10 ☐ % ☐ ppm. E. _____ ☐ % ☐ ppm.
B. 10451011 70 ☐ % ☐ ppm. F. _____ ☐ % ☐ ppm.
C. _____ ☐ % ☐ ppm. G. _____ ☐ % ☐ ppm.
D. _____ ☐ % ☐ ppm.

10 WASTE PROPERTIES: pH _____ ☐ Toxic ☒ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen

11 PHYSICAL STATE: ☐ Solid ☒ Liquid ☐ Sludge ☐ Slurry ☐ Gas ☐ Other _____

12 SPECIAL HANDLING INSTRUCTIONS: ☒ Gloves ☐ Goggles ☐ Respirator ☐ Other _____

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

13 William H. Conley
Signature of Authorized Agent and Title

13-1-83
Date Shipped

TRANSPORTER

(HAULER MUST COMPLETE)

14 TRANSPORTER NAME DISPOSAL CONTROL SERVICE
ADDRESS 1627 W. 9th STREET PHONE 714-983-0342
CITY, STATE, ZIP UPLAND, CALIF. 91786

15 PICK-UP DATE _____
EPA NO. C A T 0 8 0 0 3 4 1 8 4 Time ☐ AM ☐ PM

16 R. Conley
Signature of Authorized Agent and Title Date _____

TSD FACILITY

(FACILITY OPERATOR MUST COMPLETE)

17 NAME TUE 18 QUANTITY (If Measured) _____
EPA NO. 1041701016441257 19 STATE FEE (If Any) _____
PHONE NO. _____

20 INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: 1-30

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

22 Designated TSD Facility Name _____
23 R. Conley
Signature of Authorized Agent and Title

21 HANDLING OR DISPOSAL METHOD:

☐ Surface Impoundment ☐ Landfill
☐ Injection Well ☐ Land Treatment
☐ Treatment (Specify) _____
☐ Recovery or Re-use ☐ Storage/Transfer
☐ Recycle

HP 000087

EPA NO. _____
Date Accepted _____

Please print or type with ELITE type (12 characters per inch).

STATE ID NUMBER 83317234

GENERATOR NAME AND MAILING ADDRESS				MANIFEST DOCUMENT NUMBER				
18920				EPA ID NUMBER				
AREA CODE/PHONE NUMBER								
TRANSPORTER NO. 1				VEH/CONTAINER NO.		EPA ID NUMBER		
TRANSPORTER NO. 2/ALTERNATE TSD FACILITY				VEH/CONTAINER NO.		EPA ID NUMBER		
TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY				EPA ID NUMBER				
AREA CODE/PHONE NUMBER								
PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS			UN/NA NUMBER	TOTAL QUANTITY	UNIT WT/VOL	CONTAINER NO. TYPE	WASTE CAT. NO.	DIS MET
			441192			001		
COMPONENTS					CONC. RANGE		UNITS	
					UPPER	LOWER	%	PPM
SPECIAL HANDLING INSTRUCTIONS								
This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.								
Printed or typed full name and signature								
<input type="checkbox"/> Check if continuation sheet is used. Number of continuation sheets								

TO BE FILLED IN BY TRANSPORTER	TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES				DATE REC'D & ACCEPTED	MO.	DAY	YR.
	Printed or typed full name and signature				1/16	21	83	
BY TSD	TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES				DATE REC'D & ACCEPTED	MO.	DAY	YR.
	Printed or typed full name and signature							
DISCREPANCY INDICATION SPACE								
1.23								
HP 000088								
Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSD must complete waste number. See instructions.								
DATE RECEIVED & ACCEPTED								
EPA ID NUMBER								
MO. DAY YR.								
10 31 83								
Printed or typed full name and signature								

83317234

STATE ID NUMBER

TO BE FILLED
IN BY TSDF

See reverse side for instructions.
Please type or print clearly. Press Hard.

CALIFORNIA HAZARDOUS WASTE MANIFEST
State Department of Health Services
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P Street, Sacramento, CA 95814

1 Manifest Number 919-00130

RECEIVED

DEC 15 1983

GENERATOR

(GENERATOR MUST COMPLETE)

2 Name Flight Inventory Service
EPA # 111710161614121517
Address 11310 Shimmery Phone 875-2130
City, State, Zip San Valley Co.

3 Designated TSD Facility (Authorized to operate under an approved state program or federal program.)

Name BKK Lumber
EPA # CHIDIC 617181617119
Address 2210 120th Ave Phone 465-0116
City, State, Zip WEST CUMH

4 Alternate TSD Facility

Name _____
EPA # _____
Address _____ Phone _____
City, State, Zip _____

5 U.S. DOT PROPER SHIPPING NAME <u>WASTE</u> <u>WASTE</u>	U.S. DOT HAZARD CLASS <u>1993</u>	UN/NA ID NO. <u>300</u>	WEIGHT OR VOLUME <u>5</u>	UNITS <u>5</u>	NUMBER OF CONTAINERS <u>1</u>	TYPE: <input checked="" type="checkbox"/> DRUMS <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> OTHER
---	--------------------------------------	----------------------------	------------------------------	-------------------	----------------------------------	--

6 Waste Category 222 7 Ext. Haz. Waste Permit No. N/A 8 Generating Process _____

LIST COMPONENTS:	CONCENTRATION RANGE		UNITS	LIST COMPONENTS:	CONCENTRATION RANGE		UNITS
	UPPER	LOWER			UPPER	LOWER	
9 A. <u>WATER</u>	<u>90</u>		<input checked="" type="checkbox"/> % <input type="checkbox"/> ppm.	E. _____		<input type="checkbox"/> % <input type="checkbox"/> ppm.	
B. <u>OIL</u>	<u>10</u>		<input checked="" type="checkbox"/> % <input type="checkbox"/> ppm.	F. _____		<input type="checkbox"/> % <input type="checkbox"/> ppm.	
C. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.	G. _____		<input type="checkbox"/> % <input type="checkbox"/> ppm.	
D. _____			<input type="checkbox"/> % <input type="checkbox"/> ppm.	Non-Hazardous Material _____ %			

10 WASTE PROPERTIES: pH _____ ☐ Toxic ☒ Flammable ☐ Corrosive/Irritant ☐ Reactive ☐ Sensitizer ☐ Carcinogen/Mutagen

11 PHYSICAL STATE: ☐ Solid ☒ Liquid ☐ Sludge ☐ Slurry ☐ Gas ☐ Other

12 SPECIAL HANDLING INSTRUCTIONS: ☒ Gloves ☐ Goggles ☐ Respirator ☐ Other

GENERATOR CERTIFICATION: This is to certify that the above named materials are properly classified, described, packaged, marked, labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and EPA.

IN THE EVENT OF A SPILL, CONTACT THE NATIONAL
RESPONSE CENTER, U.S. COAST GUARD 1-800-424-8802

13 Signature of Authorized Agent and Title

Date Shipped

TRANSPORTER

(HAULER MUST COMPLETE)

14 TRANSPORTER NAME DISPOSAL CONTROL SERVICE
ADDRESS 1627 W. 9th STREET PHONE 714-983-0342
CITY, STATE, ZIP UPLAND, CALIF. 91786

15 PICK-UP DATE 11/28/83

EPA NO. C A T 0 8 0 0 3 4 1 8 4 Time 2:00 ☒ AM ☐ PM

16 Signature of Authorized Agent and Title Date 11/28/83

TSD FACILITY

(FACILITY OPERATOR MUST COMPLETE)

17 NAME BKK 18 QUANTITY (If Measured) _____
EPA NO. 111710161614121517 19 STATE FEE (If Any) _____
PHONE NO. _____

20 INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT: 1.23

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY:

22 Designated TSD Facility Name _____

23 Signature of Authorized Agent and Title

21 HANDLING OR DISPOSAL METHOD:

☐ Surface Impoundment ☒ Landfill
☐ Injection Well ☐ Land Treatment
☐ Treatment (Specify) _____
☐ Recovery or Re-use ☐ Storage/Transfer
☐ Recycle

HP 000090

EPA NO. _____

Date Accepted

UNIFORM HAZARDOUS WASTE MANIFEST

STATE ID NUMBER

83317595

Please print or type with ELITE type (12 characters per inch).

GENERATOR NAME AND MAILING ADDRESS

EXTRA ACCESSORY SERVICE
11310 SHERMAN WAY
SUN VALLEY (213) 375-2920
AREA CODE/PHONE NUMBER

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

047000646257

TRANSPORTER NO. 1

EXTRA ACCESSORY SERVICE
1377 W 7TH ST
OAKLAND CAL 94612 714-9230142

VEH/CONTAINER NO.

EPA ID NUMBER

VEH/CONTAINER NO.

EPA ID NUMBER

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

R.K.K. LANDFILL
2105 AZUSA AVE
ST. VINIA 91790
AREA CODE/PHONE NUMBER 213-9650916

EPA ID NUMBER

04400778674

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT. NO. DIS
MET

Oil NOS Combustible
water soluble oil

UN1270

700 G

2911T

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPM

water
oil

90
10

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

MO.

DAY

YR.

Printed or typed full name and signature Edwin P. Conley Edwin P. Conley

112

119

813

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

WILLIAMS - [Signature]

Printed or typed full name and signature

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

12

19

813

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

Printed or typed full name and signature

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

DISCREPANCY INDICATION SPACE

HP 000091

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO.

DAY

YR.

Printed or typed full name and signature

JAN 16 1984

Please print or type with ELITE type (12 characters per inch).

18920

STATE ID NUMBER

83317595

GENERATOR NAME AND MAILING ADDRESS

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

AREA CODE/PHONE NUMBER

TRANSPORTER NO. 1

VEH/CONTAINER NO.

EPA ID NUMBER

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

VEH/CONTAINER NO.

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

EPA ID NUMBER

AREA CODE/PHONE NUMBER

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT. NO. DIS-
MET

COMPONENTS

CONC. RANGE
UPPER LOWER

UNITS
% PPM

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named wastes are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable requirements of the Department of Transportation and the EPA.

MO.

DAY

YR.

Printed or typed full name and signature

☐ Check if continuation sheet is used. Number of continuation sheets

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE WASTES

DATE
REC'D
&
ACCEPTED

MO.

DAY

YR.

Printed or typed full name and signature

DISCREPANCY INDICATION SPACE

HP 000092

Facility owner or operator: Certification of receipt of hazardous waste covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE RECEIVED & ACCEPTED

EPA ID NUMBER

MO.

DAY

YR.

Printed or typed full name and signature

SEE REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

① NAME 12200000000000000000
EPA NO. 12200000000000000000
ADDRESS 12200000000000000000
CITY, STATE, ZIP CODE 12200000000000000000
PHONE NO. 12200000000000000000
ORDER PLACED BY 12200000000000000000
P.O. CONTRACT NO. 12200000000000000000

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 02355

④ ALTERNATE TSD FACILITY
MUST HAVE 9 digits

③ DESIGNATED TSD FACILITY
(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME 12200000000000000000
EPA NO. 12200000000000000000
ADDRESS 12200000000000000000
CITY, STATE, ZIP CODE 12200000000000000000
PHONE NO. 12200000000000000000

NAME 12200000000000000000
EPA NO. 12200000000000000000
ADDRESS 12200000000000000000
CITY, STATE, ZIP CODE 12200000000000000000
PHONE NO. 12200000000000000000

④ U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE <u>12200000000000000000</u>		<u>1220</u>	<u>500</u>	<u>72</u>	<input checked="" type="checkbox"/> DRUMS <input checked="" type="checkbox"/> TANK TRUCK	<input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> OTHER

⑤ WASTE CATEGORY 47
⑥ LIST COMPONENTS
A 12200000000000000000 CONC. RANGE UPPER LOWER UNITS PPM E 12200000000000000000
B 12200000000000000000 CONC. RANGE UPPER LOWER UNITS PPM F 12200000000000000000
C 12200000000000000000 CONC. RANGE UPPER LOWER UNITS PPM G 12200000000000000000
D 12200000000000000000 CONC. RANGE UPPER LOWER UNITS PPM 12200000000000000000
⑦ EX. HAZ. WASTE PERMIT NO. 12200000000000000000
⑧ GENERATING PROCESS 12200000000000000000
⑨ WASTE PROPERTIES PH 12200000000000000000 TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN ☐
⑩ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☒ SLUDGE ☒ SLURRY ☐ GAS ☐ OTHER ☐
⑪ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER ☐

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.
IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

TRANSPORTER (HAULER MUST COMPLETE)

⑫ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 251
UNIT NO. 3
⑬ PICK UP DATE 1/12/82
TIME 12:00 AM ☒ PM ☐
⑭ 12200000000000000000
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑮ NAME 12200000000000000000
EPA NO. 12200000000000000000
⑯ QUANTITY (IF MEASURED) SEE
⑰ STATE FEE (IF ANY) \$ # 2404
⑱ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT 12200000000000000000
⑲ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

NAME 12200000000000000000
EPA NO. 12200000000000000000
REVISED 11/80

⑲ HANDLING OR DISPOSAL METHOD
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) ☐ STORAGE/TRANSFER
☐ RECOVERY OR REUSE

⑲ 12200000000000000000
SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE ACCEPTED

HP 000093

SEE REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 002538

GENERATOR (GENERATOR MUST COMPLETE)

③ NAME Farrell Electric
EPA NO. 010000001046257
ADDRESS 4300 Sycamore Lane
CITY, STATE, ZIP CODE Sun Valley, CA 91352
PHONE NO. _____
ORDER PLACED BY ad ORDER DATE 3/4
P.O. CONTRACT NO. _____

③ DESIGNATED TSD FACILITY

NAME DE
EPA NO. 010000007860790
ADDRESS 2210
CITY, STATE, ZIP CODE San Francisco, CA
PHONE NO. _____

④ ALTERNATE TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME _____
EPA NO. _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO. _____

⑤ U. S. DOT PROPER SHIPPING NAME

WASTE Waste Oil
WASTE _____
U. S. DOT HAZARD CLASS _____
UN/NA I.D. NO. 1270
WEIGHT OR VOLUME _____
UNITS 500
CONTAINERS NUMBER _____
DRUMS _____
TANK TRUCK _____
BAGS _____
CARTONS _____
OTHER _____
DUMP TRUCK _____

⑥ WASTE CATEGORY 12
⑦ LIST COMPONENTS:
A Waste Oil CONC. RANGE UPPER LOWER UNITS % PPM
B _____
C _____
D _____
⑧ EX. HAZ. WASTE PERMIT NO. _____
⑨ GENERATING PROCESS 11/10/100
CONC. RANGE UPPER LOWER UNITS % PPM
E _____
F _____
G _____
NONHAZARDOUS MATERIAL _____ %
⑩ WASTE PROPERTIES PH _____ TOXIC _____ FLAMMABLE _____ CORROSIVE/IRRITANT _____ REACTIVE _____ SENSITIZER _____ CARCINOGEN/MUTAGEN _____
⑪ PHYSICAL STATE _____ SOLID _____ LIQUID _____ SLUDGE _____ SLURRY _____ GAS _____ OTHER _____
⑫ SPECIAL HANDLING INSTRUCTIONS: _____ GLOVES _____ GOGGLES _____ RESPIRATOR _____ OTHER _____

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ Signature of Authorized Agent & Title
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 2537
UNIT NO. 3

⑮ PICK-UP DATE 3/5/82
TIME 6 AM PM

⑯ Signature of Authorized Agent & Title
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME BK
EPA NO. 010000001046257

⑱ QUANTITY (IF MEASURED) SEE 1693 1.97
⑲ STATE FEE (IF ANY) \$ _____

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT _____

㉑ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

NAME _____
EPA NO. _____
REVISED 11/80

HANDLING OR DISPOSAL METHOD
SURFACE IMPOUNDMENT _____
INJECTION WELL _____
TREATMENT (SPECIFY) _____
RECOVERY OR REUSE _____
LANDFILL _____
LAND TREATMENT _____
STORAGE/TRANSFER _____

⑳ Signature of Authorized Agent & Title
SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE ACCEPTED 3/5/82

HP 000094

MAY 3 1982

MAY 3 1982

(PROVIDED STATE OR FEDERAL PROGRAM)

NAME _____

EPA NO.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO. _____

DATE ACCEPTED

SEE REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363-002733

4-27-82

GENERATOR (GENERATOR MUST COMPLETE)

③ NAME Edwards Petroleum
EPA NO. 04701004425
ADDRESS 1111 Sherman Way
CITY, STATE, ZIP CODE SUN VALLEY CA 91352
PHONE NO. 505-2430
ORDER PLACED BY [Signature] ORDER DATE 4/27/82
P.O. CONTRACT NO.

③ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME RAH
EPA NO. 040007865749
ADDRESS 2210 ATLAS RD.
CITY, STATE, ZIP CODE WEST COVING
PHONE NO.

④ ALTERNATE TSD FACILITY

NAME
EPA NO.
ADDRESS
CITY, STATE, ZIP CODE
PHONE NO.

⑤ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA ID NO	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE <u>Flammable</u>	<u>Flammable</u>	<u>2.1</u>	<u>700</u>	<u>Gal.</u>	DRUMS TANK TRUCK	BAGS OTHER
WASTE <u></u>	<u></u>	<u></u>	<u></u>	<u></u>		

⑥ WASTE CATEGORY 47-48
⑦ EX. HAZ. WASTE PERMIT NO.
⑧ GENERATING PROCESS
⑨ LIST COMPONENTS:
A Flammable CONC. RANGE UPPER 10 LOWER UNITS PPM
B Flammable CONC. RANGE UPPER 10 LOWER UNITS PPM
C CONC. RANGE UPPER LOWER UNITS PPM
D CONC. RANGE UPPER LOWER UNITS PPM
⑩ WASTE PROPERTIES PH TOXIC ☐ FLAMMABLE ☒ CORROSIVE IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN MUTAGEN ☐
⑪ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER
⑫ SPECIAL HANDLING INSTRUCTIONS. ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ [Signature] SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE SHIPPED 4/27/82

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO 2632
UNIT NO 3

⑮ PICK UP DATE 4/27/82
TIME 2:00 AM ☒ PM ☐

⑯ [Signature] SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME [Signature]
EPA NO. 040007865749
⑱ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT
⑳ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME
EPA NO.
REVISED 11 80

⑲ QUANTITY (IF MEASURED) see = 2178.345
⑳ STATE FEE (IF ANY) S

HANDLING OR DISPOSAL METHOD
☐ SURFACE IMPOUNDMENT
☐ INJECTION WELL
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE
☒ LANDFILL
☐ LAND TREATMENT
☐ STORAGE TRANSFER

HP 000096

⑰ [Signature] SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE ACCEPTED 4/20/82

SEE REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363-002877

5-26-82

UN 1

GENERATOR (GENERATOR MUST COMPLETE)

③ NAME Waste Management
EPA NO. 047-0000072843
ADDRESS 1082 P.O. Box
CITY, STATE, ZIP CODE SUN VALLEY, CA 91352
PHONE NO. 213-767-4424
ORDER PLACED BY [Signature] ORDER DATE 5/26/82
CONTRACT NO.

④ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME Waste Management
EPA NO. 047-0000072843
ADDRESS 2210 47th St. Rd.
CITY, STATE, ZIP CODE WEST COVING 91791
PHONE NO. (213) 767-6916

④ ALTERNATE TSD FACILITY

NAME
EPA NO.
ADDRESS
CITY, STATE, ZIP CODE
PHONE NO.

⑤ U. S. DOT PROPER SHIPPING NAME

WASTE LIQUID WASTE
WASTE

U. S. DOT HAZARD CLASS

LIQUID

UN/NA LD NO

1755

WEIGHT OR VOLUME

2000

UNITS

gal

CONTAINERS NUMBER

1

DRUMS

TANK TRUCK

BAGS

OTHER

CARTONS

DUMP TRUCK

⑥ WASTE CATEGORY 7 + 5

⑥ LIST COMPONENTS:

A LIQUID CONC. RANGE UPPER 100 LOWER
B LIQUID CONC. RANGE UPPER 200 LOWER
C LIQUID CONC. RANGE UPPER 200 LOWER
D

⑦ EX. HAZ. WASTE PERMIT NO. N/A

UNITS

% PPM
 % PPM
 % PPM
 % PPM

⑧ GENERATING PROCESS LIQUID WASTE

CONC. RANGE UPPER LOWER

% PPM
 % PPM
 % PPM
 % PPM

UNITS

% PPM
 % PPM
 % PPM
 % PPM

⑨ WASTE PROPERTIES

PH 8.5

☒ TOXIC

☐ FLAMMABLE

☒ CORROSIVE IRRITANT

☐ REACTIVE

☐ SENSITIZER

☐ CARCINOGEN MUTAGEN

⑩ PHYSICAL STATE

☐ SOLID

☒ LIQUID

☐ SLUDGE

☐ SLURRY

☐ GAS

☐ OTHER

⑪ SPECIAL HANDLING INSTRUCTIONS

☒ GLOVES

☒ GOGGLES

☐ RESPIRATOR

☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑫ [Signature]
SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑬ NAME LIQUID WASTE MANAGEMENT

EPA NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 2725
UNIT NO. 7

⑭ PICK UP DATE 5/26/82
TIME 10:00 ☒ AM ☐ PM

⑮ [Signature]
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑯ NAME Waste Management
EPA NO. 047-0000072843

⑰ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

⑱ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

NAME
EPA NO.
REVISED 11 80

⑲ QUANTITY (IF MEASURED) 1562
⑲ STATE FEE (IF ANY) \$15.62

⑲ HANDLING OR DISPOSAL METHOD

☒ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) ☐ STORAGE TRANSFER
☐ RECOVERY OR REUSE

⑲ [Signature]
SIGNATURE OF AUTHORIZED AGENT & TITLE

HP 000097

DATE ACCEPTED

SEE REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363-002999

6-10-82

GENERATOR (GENERATOR MUST COMPLETE)

① NAME LIQUID WASTE MANAGEMENT
EPA NO. 000000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424
ORDER PLACED BY [Signature] ORDER DATE 6/1/82
CONTRACT NO.

② DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME LIQUID WASTE MANAGEMENT
EPA NO. 000000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

③ ALTERNATE TSD FACILITY

NAME
EPA NO.
ADDRESS
CITY, STATE, ZIP CODE
PHONE NO.

④ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE <u>LIQUID WASTE</u>	<u>Flammable</u>	<u>114</u>	<u>200</u>	<u>201</u>	DRUMS	
WASTE <u>LIQUID WASTE</u>					TANK TRUCK	
					BAGS	
					CARTONS	
					DUMP TRUCK	
					OTHER	

⑤ WASTE CATEGORY 1-4-8
⑥ EX. HAZ. WASTE PERMIT NO.
⑦ GENERATING PROCESS
⑧ LIST COMPONENTS:
A CONC. RANGE UPPER LOWER UNITS PPM E CONC. RANGE UPPER LOWER UNITS PPM
B C D
⑨ WASTE PROPERTIES: PH TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN ☐
⑩ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER
⑪ SPECIAL HANDLING INSTRUCTIONS ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑫ [Signature] SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE SHIPPED 6/1/82

TRANSPORTER (HAULER MUST COMPLETE)

⑬ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO 279
UNIT NO 9

⑭ PICK-UP DATE 6/1/82
TIME 2:00 AM ☐ PM ☒

⑮ [Signature] SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑯ NAME
EPA NO.
⑰ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT
⑱ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME
EPA NO.

⑲ QUANTITY (IF MEASURED) 2.73
⑳ STATE FEE (IF ANY) \$

⑲ HANDLING OR DISPOSAL METHOD
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

REvised 11/80

⑲ [Signature] SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE ACCEPTED

SEE REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST

STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 003686

GENERATOR (GENERATOR MUST COMPLETE)

③ NAME LIQUID WASTE MANAGEMENT
EPA NO. 000000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424
ORDER PLACED BY _____ ORDER DATE 7/10/82
P.O. CONTRACT NO. _____

③ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME _____
EPA NO. 000000072843
ADDRESS 1110 HAZARD RD
CITY, STATE, ZIP CODE WILSON, CALIFORNIA 91791
PHONE NO. (714) 945-0916

④ ALTERNATE TSD FACILITY

NAME _____
EPA NO. _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO. _____

④ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE <u>LIQUID WASTE</u>	<u>1193</u>	<u>800</u>	<u>621</u>	<u>621</u>	DRUMS	
WASTE <u>LIQUID WASTE</u>	<u>1193</u>	<u>800</u>	<u>621</u>	<u>621</u>	TANK TRUCK	
					BAGS	
					CARTONS	
					DUMP TRUCK	
					OTHER	

④ WASTE CATEGORY 1193
④ LIST COMPONENTS:
A LIQUID WASTE CONC. RANGE UPPER 10 LOWER 10 UNITS PPM
B LIQUID WASTE CONC. RANGE UPPER 10 LOWER 10 UNITS PPM
C LIQUID WASTE CONC. RANGE UPPER 10 LOWER 10 UNITS PPM
D LIQUID WASTE CONC. RANGE UPPER 10 LOWER 10 UNITS PPM
④ EX. HAZ. WASTE PERMIT NO. _____
④ GENERATING PROCESS LIQUID WASTE
④ WASTE PROPERTIES: PH _____ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN ☐
④ PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER ☐
④ SPECIAL HANDLING INSTRUCTIONS: ☐ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER ☐

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

④ _____ SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE SHIPPED 7/10/82

TRANSPORTER (HAULER MUST COMPLETE)

④ NAME LIQUID WASTE MANAGEMENT
EPA NO. 000000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 3012
UNIT NO. 7
④ PICK UP DATE 7/10/82 TIME _____ AM ☐ PM ☐

④ _____ SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

④ NAME LIQUID WASTE MANAGEMENT
EPA NO. 000000072843
④ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT _____
④ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME _____
EPA NO. _____

④ QUANTITY (IF MEASURED) 3052
④ STATE FEE (IF ANY) \$ 30

④ HANDLING OR DISPOSAL METHOD

SURFACE IMPOUNDMENT ☐ LANDFILL ☒
INJECTION WELL ☐ LAND TREATMENT ☐
TREATMENT (SPECIFY) ☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER ☐

④ _____ SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE ACCEPTED 7/10/82

SEE REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

① NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424
ORDER PLACED BY [Signature] ORDER DATE 8-24-82
P.O. CONTRACT NO. _____

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 003332

③ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME OK LANDFILL
EPA NO. 1111111111111111
ADDRESS 2210 AZUSA AVE
CITY, STATE, ZIP CODE U. CALIFORNIA CA
PHONE NO. 915-277-1111

④ ALTERNATE TSD FACILITY

NAME _____
EPA NO. _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO. _____

⑤ U. S. DOT PROPER SHIPPING NAME

WASTE HAZARDOUS WASTE
WASTE _____

U. S. DOT HAZARD CLASS

UN/NA I.D. NO.

WEIGHT OR VOLUME

900 GALS

UNITS

CONTAINERS NUMBER

DRUMS ☐ BAGS ☐ CARTONS ☐ DUMP TRUCK ☐
TANK TRUCK ☐ OTHER ☐

⑥ WASTE CATEGORY

⑦ LIST COMPONENTS:

A WATER CONC. RANGE UPPER LOWER _____
B PIL _____
C _____
D _____

⑧ EX. HAZ. WASTE PERMIT NO.

UNITS

PPM _____
PPM _____
PPM _____
PPM _____

⑨ GENERATING PROCESS

CONC. RANGE UPPER LOWER _____
UNITS _____
PPM _____
PPM _____
PPM _____

⑩ WASTE PROPERTIES: PH _____ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN ☐

⑪ PHYSICAL STATE: SOLID ☐ LIQUID ☒ SLUDGE ☒ SLURRY ☐ GAS ☐ OTHER _____

⑫ SPECIAL HANDLING INSTRUCTIONS: GLOVES ☐ GOGGLES ☒ RESPIRATOR ☐ OTHER _____

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ [Signature]
SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE SHIPPED _____

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT

EPA NO. CAD0000072843

ADDRESS P.O. BOX 1082

CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352

PHONE NO. (213) 767-4424

JOB NO. 03154
UNIT NO. 2

⑮ PICK-UP DATE 8-24-82
TIME _____ AM ☐ PM ☐

⑯ [Signature]
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME LIQUID WASTE MANAGEMENT

EPA NO. CAD0000072843

⑱ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT _____

⑲ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

NAME _____

EPA NO. _____

REVISED 11/80

⑳ QUANTITY (IF MEASURED) 900 GALS

㉑ STATE FEE (IF ANY) \$ 3334

㉒ HANDLING OR DISPOSAL METHOD

SURFACE IMPOUNDMENT ☐ LANDFILL ☒
INJECTION WELL ☐ LAND TREATMENT ☐
TREATMENT (SPECIFY) _____
RECOVERY OR REUSE ☐ STORAGE/TRANSFER ☐

㉓ [Signature]
SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE ACCEPTED 8/24/82

HP 000100

SEE REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 003527

a-20-86

GENERATOR (GENERATOR MUST COMPLETE)

③ NAME HS
EPA NO. 047000F46257
ADDRESS 1110 Sherman Way
CITY, STATE, ZIP CODE SUN VALLEY CALIF. 91352
PHONE NO. 213-2930
ORDER PLACED BY J. Conley ORDER DATE 4/2/82
P.O. CONTRACT NO.

④ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME BKK
EPA NO. 0400007465747
ADDRESS 2210 #2544 Rd
CITY, STATE, ZIP CODE WESLEYVILLE 91791
PHONE NO. (213) 765-0916

⑤ ALTERNATE TSD FACILITY

NAME _____
EPA NO. _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO. _____

⑥ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE <u>Used Oil</u>	<u>Flammable</u>	<u>114</u>	<u>100</u>	<u>Gal</u>	<input checked="" type="checkbox"/> DRUMS <input checked="" type="checkbox"/> TANK TRUCK	<input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> OTHER

④ WASTE CATEGORY _____ ⑦ EX. HAZ. WASTE PERMIT NO. _____ ⑧ GENERATING PROCESS _____

⑨ LIST COMPONENTS:

	CONC.	RANGE	UPPER	LOWER	UNITS				CONC.	RANGE	UPPER	LOWER	UNITS			
A	<u>10</u>				%	PPM	E						%	PPM		
B	<u>10</u>				%	PPM	F						%	PPM		
C					%	PPM	G						%	PPM		
D					%	PPM							%	PPM		

⑩ WASTE PROPERTIES: PH _____ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN ☐

⑪ PHYSICAL STATE: SOLID ☐ LIQUID ☒ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER _____

⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER _____

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ Edwin P. Conley
SIGNATURE OF AUTHORIZED AGENT & TITLE

4/2/82
DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME **LIQUID WASTE MANAGEMENT**

EPA NO. CAD000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 7-64
UNIT NO. 77

⑮ PICK UP DATE _____
TIME _____ AM ☐ PM ☐

⑯ Edwin P. Conley
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME _____
EPA NO. 00000000000000

⑱ QUANTITY (IF MEASURED) CE# 3528
⑲ STATE FEE (IF ANY) \$ _____

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT _____

㉑ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

NAME _____
EPA NO. _____
REVISED 11/80

HANDLING OR DISPOSAL METHOD

☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) _____
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

⑳ Edwin P. Conley
SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE ACCEPTED

(Please print or type with ELITE type (12 characters per inch).)

STATE ID NUMBER 8239071

GENERATOR NAME AND MAILING ADDRESS

FLIGHT ACCESSORY SERVICES

11310 Sherman Way, Sun Valley Calif. 91352

AREA CODE/PHONE NUMBER (213) 875-2930

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

CA T 0 0 0 6 4 6 2 5 7 1 2 3 4 5

TRANSPORTER NO. 1

Liquid Waste Management Inc.

P.O.Box 1082 Sun Valley CA 91352

VEH./CONTAINER NO.

EPA ID NUMBER

C A D 0 0 0 0 7 2 8 4 3

Liquid Waste Management FACILITY

EPA ID NUMBER

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

BKK

2210 Azusa Rd. West Covina Calif. 91791

AREA CODE/PHONE NUMBER (213) 965-0916

EPA ID NUMBER

C A D 0 6 7 8 6 5 7 4 9

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBER

TOTAL
QUANTITY

UNIT
WT/VOL

CONTAINER
NO. TYPE

WASTE
CAT. NO.

Waste Oil

NA

1 9 9 3

7 0 0 G

—

—

TIC

2 2 1

Waste Water

NA

1 2 7 0

1 0 0 G

—

—

TIC

2 2 2

COMPONENTS

CONC.
UPPER

RANGE
LOWER

UNITS
% ppm

Waste Oil

10

8

%

Waste Water

90

88

%

SPECIAL HANDLING INSTRUCTIONS

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.

Ellis Elkington

PRINTED OR TYPED FULL NAME AND SIGNATURE

☐ CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS

MO. DAY YR.
1 0 2 0 8 2

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

ALBERT R. BROWN

MO. DAY YR.
1 0 2 0 8 2

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

PRINTED OR TYPED FULL NAME AND SIGNATURE

ALBERT R. BROWN

MO. DAY YR.
1 0 2 0 8 2

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSDF must complete waste number. See instructions.

DATE REC'D & ACCEPTED

RAY SIMPSON

RAY SIMPSON

EPA ID NUMBER

PRINTED OR TYPED FULL NAME AND SIGNATURE

CAD062786249

MO. DAY YR.
1 0 2 9 8 2

Original—White—Disposer send to DHS; Green—Hauler; Yellow—Disposer; Pink—Generator

DHS 8022 (7/82)

HP 000102

SEE REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

PRESS HARD

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 003842

12-8-82
JAN 13 1983

GENERATOR (GENERATOR MUST COMPLETE)

① NAME LIQUID WASTE MANAGEMENT
EPA NO. CA D 0 0 0 0 7 2 8 4 3
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424
ORDER PLACED BY _____ ORDER DATE 12-11-82
P.O. CONTRACT NO. _____

③ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME F.R.I.
EPA NO. 172027345747
ADDRESS 2510 42nd St
CITY, STATE, ZIP CODE WILSON, CALIFORNIA 91771
PHONE NO. 212-965-0916

④ ALTERNATE TSD FACILITY

NAME _____
EPA NO. _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO. _____

⑤ U. S. DOT PROPER SHIPPING NAME

WASTE	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE	1	1.1	800	741	DRUMS	
					TANK TRUCK	
					BAGS	
					CARTONS	
					DUMP TRUCK	
					OTHER	

⑥ WASTE CATEGORY 1.1 - 4.4
⑦ EX. HAZ. WASTE PERMIT NO. _____
⑧ GENERATING PROCESS _____
⑨ LIST COMPONENTS:
A _____ CONC. RANGE UPPER LOWER UNITS PPM E _____ CONC. RANGE UPPER LOWER UNITS PPM
B _____ C _____ D _____
⑩ WASTE PROPERTIES PH _____ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN ☐
⑪ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER ☐
⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER _____

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ _____
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT
EPA NO. CA D 0 0 0 0 7 2 8 4 3
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 1171
UNIT NO. 7.11
⑮ PICK UP DATE _____ TIME _____ AM ☐ PM ☐

⑯ _____
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME _____
EPA NO. _____
⑱ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT _____
⑲ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME _____
EPA NO. _____

⑲ QUANTITY (IF MEASURED) SEE 3843
⑲ STATE FEE (IF ANY) \$ 2.89

⑲ HANDLING OR DISPOSAL METHOD
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) ☐ STORAGE/TRANSFER
☐ RECOVERY OR REUSE

HP 000103

REvised 11/80

⑲ _____
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE ACCEPTED

HAZARDOUS MATERIALS MANAGEMENT
SECTION
744 P Street
Sacramento, CA 95814

UNIFORM HAZARDOUS WASTE MANIFEST

66505

8205234

(Please print or type with ELITE type (12 characters per inch).)

STATE ID NUMBER

8205234

GENERATOR NAME AND MAILING ADDRESS

Flight Accessory Service
11310 Sherman Way
Sun Valley 875-2930

MANIFEST DOCUMENT NUMBER

EPA ID NUMBER

AREA CODE/PHONE NUMBER

CAT0006462570001

TRANSPORTER NO. 1

VEH./CONTAINER NO.

EPA ID NUMBER

Rho-Chem Corp.

11143930AD008361932

TRANSPORTER NO. 2/ALTERNATE TSD FACILITY

EPA ID NUMBER

BKK Corporation

CAT0067786249

TREATMENT, STORAGE, OR DISPOSAL (TSD) FACILITY

RHO-Chem Corp.
425 ISIS AVE
Tule Wood, CA 90301

EPA ID NUMBER

CAT0008364432

PROPER U.S. D.O.T. SHIPPING NAME AND HAZARD CLASS

UN/NA
NUMBERTOTAL
QUANTITYUNIT
WT/VOLCONTAINER
NO. TYPEWASTE
CAT. NO.

Waste ORM-A
Non flammable liquid

NA168300055G 0010m211

COMPONENTS

CONC.
UPPERRANGE
LOWERUNITS
% ppm

Rho-Perc 235

80

70

✓

Oil

15

03

✓

Water

5

2

✓

SPECIAL HANDLING INSTRUCTIONS

Goggles & Gloves

This is to certify that the above-named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation and the EPA.

PRINTED OR TYPED FULL NAME AND SIGNATURE

Edwin P. Conley

Edwin P. Conley

MO. DAY YR.

12 15 82

☐ CHECK IF CONTINUATION SHEET IS USED. NUMBER OF CONTINUATION SHEETS

TRANSPORTER 1 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

LUCIANO CORRETI

66505

MO. DAY YR.

12 15 82

PRINTED OR TYPED FULL NAME AND SIGNATURE

TRANSPORTER 2 ACKNOWLEDGEMENT OF RECEIPT OF ABOVE MATERIALS

DATE REC'D & ACCEPTED

MO. DAY YR.

12 15 82

PRINTED OR TYPED FULL NAME AND SIGNATURE

DISCREPANCY INDICATION SPACE

Facility owner or operator: Certification of receipt of hazardous material covered by this manifest except as noted in the discrepancy indication space above. Note: TSDf must complete waste number. See instructions.

DATE REC'D & ACCEPTED

MO. DAY YR.

12 15 82

PRINTED OR TYPED FULL NAME AND SIGNATURE

EPA ID NUMBER

11143930AD008361932

Original—White—Disposer send to DHS; Green—Hauler; Yellow—Disposer; Pink—Generator

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 00201 1-23-81

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

1) NAME Bay Area Medical Services
2) EPA NO. 0410000000000000
3) ADDRESS 1100 11th Street
4) CITY, STATE, ZIP CODE San Francisco, CA 94103
5) PHONE NO. 415-398-1100
6) ORDER PLACED BY John Doe ORDER DATE 1/23/81
7) CONTRACT NO. 1111

③ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME Bay Area Medical Services
EPA NO. 0410000000000000
ADDRESS 1100 11th Street
CITY, STATE, ZIP CODE San Francisco, CA 94103
PHONE NO. 415-398-1100

④ ALTERNATE TSD FACILITY

NAME Bay Area Medical Services
EPA NO. 0410000000000000
ADDRESS 1100 11th Street
CITY, STATE, ZIP CODE San Francisco, CA 94103
PHONE NO. 415-398-1100

⑤ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE <u>Corrosive</u>	<u>Corrosive</u>	<u>UN 1755</u>	<u>3.000</u>	<u>g</u>	DRUMS	
WASTE					TANK TRUCK	
					BAGS	
					CARTONS	
					DUMP TRUCK	
					OTHER	

WASTE CATEGORY Corrosive
LIST COMPONENTS 1. 2. 3. 4. 5. 6. 7. 8. 9. 10.
WASTE PROPERTIES PH 1 ☒ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER
SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

① John Doe 1-23-81
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

1) NAME LIQUID WASTE MANAGEMENT
2) EPA NO. CAD0000072843
3) ADDRESS P.O. BOX 1082
4) CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
5) PHONE NO. (213) 767-4424

JOB NO. 1
UNIT NO. 9
⑤ PICK-UP DATE 1/23/81 TIME 7:00 ☒ AM ☐ PM

⑥ John Doe
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

1) NAME Bay Area Medical Services
2) EPA NO. 0410000000000000
3) INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT
4) IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
5) NAME Bay Area Medical Services
6) EPA NO. 0410000000000000

⑦ QUANTITY (IF MEASURED) 3.000
⑧ STATE FEE (IF ANY) \$ 0.00

⑨ HANDLING OR DISPOSAL METHOD
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) ☐ STORAGE/TRANSFER
☐ RECOVERY OR REUSE

⑩ John Doe
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE ACCEPTED

2166-01089

HP 000105

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 -

2 17-81

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

NAME APPLIED RENTAL SERVICES
A NO. CAD0000072843
ADDRESS 11111 HILLCREST WAY
CITY, STATE, ZIP CODE SUN VALLEY, CA 91352
PHONE NO. 515 293
ORDER PLACED BY RON TOLK ORDER DATE _____
INTRACT NO. 12-12-81

① DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME BKE CORP
EPA NO. CA00067746272
ADDRESS 2210 AZUSA AVE
CITY, STATE, ZIP CODE WEST COVINA
PHONE NO. 765-0911

② ALTERNATE TSD FACILITY

NAME CASMAQUA DISPOSAL
EPA NO. CA00067746272
ADDRESS 2210 AZUSA AVE
CITY, STATE, ZIP CODE WEST COVINA
PHONE NO. 765-0911

③ U. S. DOT PROPER SHIPPING NAME

WASTE	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE				900	DRUMS	
WASTE					TANK TRUCK	
					BAGS	
					CARTONS	
					DUMP TRUCK	
					OTHER	

WASTE CATEGORY _____
LIST COMPONENTS OIL T OIL SLUDGE
WATER
SOLVENT
CONC. RANGE UPPER LOWER
UNITS
EX. HAZ. WASTE PERMIT NO. _____
GENERATING PROCESS
WASTE PROPERTIES PH ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER
SPECIAL HANDLING INSTRUCTIONS: ☐ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

① Ron Tolk
SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

NAME LIQUID WASTE MANAGEMENT
A NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 3

UNIT NO. 3

⑬ PICK-UP DATE

TIME

☐ AM ☒ PM

⑭

SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

NAME _____
A NO. _____

⑮ QUANTITY (IF MEASURED) 1162

⑯ STATE FEE (IF ANY) \$ 1162

⑰ HANDLING OR DISPOSAL METHOD:

☐ SURFACE IMPOUNDMENT
☐ INJECTION WELL
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE

☐ LANDFILL

☐ LAND TREATMENT

☐ STORAGE/TRANSFER

HP 000106

INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

NAME _____
A NO. _____

REVISED 11/80

SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE ACCEPTED

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 -

2-24-81

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

NAME California Hazardous Waste Management
EPA NO. 000000000000000000
ADDRESS 1500 N. MAIN ST.
CITY, STATE, ZIP CODE SUN VALLEY, CALIF. 91352
PHONE NO. (213) 767-4424
ORDER PLACED BY Ken Tolle ORDER DATE 2-24-81
CONTRACT NO. 1-1111

DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME Waste Corp
EPA NO. 000000000000000000
ADDRESS 2440 W. HENSA AVE
CITY, STATE, ZIP CODE WEST COVINA
PHONE NO. 965-0711

ALTERNATE TSD FACILITY

NAME California Hazardous Waste Management
EPA NO. 000000000000000000
ADDRESS 1500 N. MAIN ST.
CITY, STATE, ZIP CODE SUN VALLEY, CALIF.
PHONE NO. (213) 767-4424

U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE				29	<input checked="" type="checkbox"/> DRUMS	
WASTE					<input type="checkbox"/> TANK TRUCK	
					<input type="checkbox"/> BAGS	
					<input type="checkbox"/> CARTONS	
					<input type="checkbox"/> DUMP TRUCK	
					<input type="checkbox"/> OTHER	

WASTE CATEGORY HAZARDOUS WASTE
LIST COMPONENTS: WATER SOLUBLE OIL
SLUDGES
SOLVENTS
WASTE PROPERTIES: PH 7 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
PHYSICAL STATE: ☐ SOLID ☒ LIQUID ☒ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER
SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER
EX. HAZ. WASTE PERMIT NO.
GENERATING PROCESS

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

SIGNATURE OF AUTHORIZED AGENT & TITLE [Signature] DATE SHIPPED 2/24/81

TRANSPORTER (HAULER MUST COMPLETE)

NAME LIQUID WASTE MANAGEMENT
EPA NO. 000000000000000000
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 1
UNIT NO. 6

PICK-UP DATE 2-24-81
TIME 11:00 ☒ AM ☐ PM

SIGNATURE OF AUTHORIZED AGENT & TITLE [Signature]

TSD FACILITY (OPERATOR MUST COMPLETE)

NAME Waste Corp
EPA NO. 000000000000000000
INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
EPA NO. 000000000000000000
VISITED 11/80

QUANTITY (IF MEASURED)
STATE FEE (IF ANY) \$

HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) ☐ STORAGE/TRANSFER
☐ RECOVERY OR REUSE

SIGNATURE OF AUTHORIZED AGENT & TITLE [Signature] DATE ACCEPTED 2/24/81

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 -

3-17-91

PRESS HARD

56550

GENERATOR (GENERATOR MUST COMPLETE)

NAME PARSONS CONSULTING SERVICES
A NO. CAD0000072843
ADDRESS 1701 N. 10TH AVE
CITY, STATE, ZIP CODE SUN VALLEY, CA 91352
PHONE NO. 510-261-1111
ORDER PLACED BY RON TOOLE ORDER DATE 3/17/91
INTRACT NO. 12111111

DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME BKK
EPA NO. CAD0000072843
ADDRESS 2710 BAKER AVE
CITY, STATE, ZIP CODE WEST COAST
PHONE NO. 905-0911

ALTERNATE TSD FACILITY

NAME CASPER'S
EPA NO. CAD0000072843
ADDRESS 1701 N. 10TH AVE
CITY, STATE, ZIP CODE SUN VALLEY, CA 91352
PHONE NO. 510-261-1111

U. S. DOT PROPER SHIPPING NAME

WASTE	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE			1000	90	DRUMS	
WASTE					TANK TRUCK	
					BAGS	
					CARTONS	
					DUMP TRUCK	
					OTHER	

WASTE CATEGORY

LIST COMPONENTS

WASTE SOLUTION
SOLVENT

CONC. RANGE
UPPER LOWER

UNITS

PPM
PPM
PPM
PPM

E
F
G

GENERATING PROCESS

CONC. RANGE
UPPER LOWER

UNITS

PPM
PPM
PPM

NONHAZARDOUS MATERIAL

☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

WASTE PROPERTIES

PH

☐ TOXIC

☐ FLAMMABLE

☐ CORROSIVE/IRRITANT

☐ GAS

☐ OTHER

PHYSICAL STATE

☐ SOLID

☒ LIQUID

☐ SLUDGE

☐ SLURRY

SPECIAL HANDLING INSTRUCTIONS:

☐ GLOVES

☐ GOGGLES

☐ RESPIRATOR

☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

Ron Toole Planting Foreman 3/17/91
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

NAME LIQUID WASTE MANAGEMENT
A NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO.

UNIT NO.

PICK-UP DATE

TIME

☐ AM

☐ PM

SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

NAME BKK
A NO. CAD0000072843

QUANTITY (IF MEASURED)

STATE FEE (IF ANY) \$ 30

HANDLING OR DISPOSAL METHOD

☐ SURFACE IMPOUNDMENT
☐ INJECTION WELL
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE

☒ LANDFILL
☐ LAND TREATMENT
☐ STORAGE/TRANSFER

INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

ME

A NO. 12111111

7/50 11/80

Ron Toole
SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE ACCEPTED

HP 000108

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 00782 3-23-81

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

NAME PARKER BERTEN
A NO. 00130676257
DRESS 11310 SHEPHERD WAY
Y. STATE SUN VALLEY CA 91352
ONE NO. 875-2910
DER PLACED BY _____
ORDER DATE _____
TRACT NO. _____

DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME BKK CORP
EPA NO. 0010067786749
ADDRESS 2210 AZUSA AVE
CITY, STATE, ZIP CODE WEST COVINA
PHONE NO. 965-0511

ALTERNATE TSD FACILITY

NAME CASMAIA DISPOSAL
EPA NO. 0010020748125
ADDRESS NIN ROAD
CITY, STATE, ZIP CODE CASMAIA CA
PHONE NO. 805-937-8449

U. S. DOT PROPER SHIPPING NAME

WASTE	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER								
WASTE <u>CHROMIC ACID</u>			<u>5,000</u>	<u>gals</u>	<table border="1"> <tr> <td>DRUMS</td> <td>BAGS</td> <td>CARTONS</td> <td>DUMP TRUCK</td> </tr> <tr> <td>TANK TRUCK</td> <td>OTHER</td> <td></td> <td></td> </tr> </table>	DRUMS	BAGS	CARTONS	DUMP TRUCK	TANK TRUCK	OTHER		
DRUMS	BAGS	CARTONS	DUMP TRUCK										
TANK TRUCK	OTHER												

WASTE CATEGORY

LIST COMPONENTS: CHROMIC ACID - NEUTRALIZED
75% - 60% WATER

CONC. RANGE	UPPER	LOWER	UNITS	EX. HAZ. WASTE PERMIT NO.	GENERATING PROCESS	CONC. RANGE	UPPER	LOWER	UNITS
			%		<u>PLATING</u>				PPM
			%						PPM
			%						PPM
			%						PPM

WASTE PROPERTIES PH 5 ☐ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER
SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

X Ron Tool Plating Forum 3/23/81
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

NAME LIQUID WASTE MANAGEMENT
A NO. 0010000072843
DRESS P.O. BOX 1082
Y. STATE SUN VALLEY, CALIFORNIA 91362
ONE NO. (213) 767-4424

JOB NO. 2
UNIT NO. 2

PICK-UP DATE 1135
TIME 3:23-81 ☐ AM ☐ PM

Danny Ramsey
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

NAME _____
A NO. _____
INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT _____
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY _____
ME _____
A NO. _____
USED 11/80

QUANTITY (IF MEASURED) _____
STATE FEE (IF ANY) \$ _____

HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) _____
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

HP 000109

SIGNATURE OF AUTHORIZED AGENT & TITLE DATE ACCEPTED

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 00005

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

① NAME FACILE REPAIR SERVICES
PA NO. CAD000646257
ADDRESS 61931 SERRANO WAY
CITY, STATE, ZIP CODE SUN VALLEY CA 91352
PHONE NO. 825-2730
ORDER PLACED BY Ron Toole ORDER DATE 4-29-81
CONTRACT NO. 129706

② DESIGNATED TSD FACILITY

AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM
NAME OKK LANDFILL
EPA NO. CAD00047786779
ADDRESS 2210 AZUSA HWY
CITY, STATE, ZIP CODE WEST COVINA
PHONE NO. 965-2776

③ ALTERNATE TSD FACILITY

NAME CASAMUND DISPOSAL
EPA NO. CAD00020795125
ADDRESS NTN ROAD
CITY, STATE, ZIP CODE CASIMIRO CA
PHONE NO. 805-937 5745

U.S. DOT PROPER SHIPPING NAME	U.S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS: NUMBER
WASTE <u>CHEMICAL SLUDGE</u>			<u>2,000</u>	<u>gal</u>	
WASTE					<input checked="" type="checkbox"/> DRUMS <input checked="" type="checkbox"/> TANK TRUCK <input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> OTHER

④ WASTE CATEGORY PLATING
⑤ EX. HAZ. WASTE PERMIT NO. _____
⑥ GENERATING PROCESS PLATING

⑦ LIST COMPONENTS

	CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS		CONC. RANGE UPPER	CONC. RANGE LOWER	UNITS
A <u>CHROMIC ACID</u>			%	PPM			PPM
B <u>CANSTN SODA</u>			%	PPM			PPM
C			%	PPM			PPM
D			%	PPM			PPM

⑧ WASTE PROPERTIES PH 2 ☒ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑨ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑩ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑪ Ron Toole Plating Foreman 4-29-81
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

① NAME LIQUID WASTE MANAGEMENT
PA NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 2
UNIT NO. 2

⑫ PICK-UP DATE 4-29-81
TIME ☐ AM ☐ PM

Walter R...
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

① NAME _____
PA NO. _____
② INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT _____
③ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY: _____
NAME _____
PA NO. _____
REVISED 11/80

④ QUANTITY MEASURED: _____
⑤ STATE FEE (IF ANY) \$ _____

⑥ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) _____
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE ACCEPTED

HP 000110

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 01107

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

① NAME ADAMS, D. J.
EPA NO. 0000000000000000
ADDRESS 1000 1st St
CITY, STATE, ZIP CODE SUN VALLEY, CA 91352
PHONE NO. 767-4424
ORDER PLACED BY D. J. Adams ORDER DATE 5/20/81
CONTRACT NO. _____

③ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME BKK Inc
EPA NO. 0000000000000000
ADDRESS 2215 1st St
CITY, STATE, ZIP CODE UNION CITY, CA 94586
PHONE NO. 965-9911

④ ALTERNATE TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME _____
EPA NO. 0000000000000000
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO. _____

⑤ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE <u>Oil Solvents</u>			<u>500</u>	<u>gal</u>	<input checked="" type="checkbox"/> DRUMS <input checked="" type="checkbox"/> TANK TRUCK	<input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> OTHER
WASTE _____						

⑥ WASTE CATEGORY _____
⑦ LIST COMPONENTS _____
A _____
B _____
C _____
D _____
⑧ WASTE PROPERTIES: PH 7 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑨ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☒ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER _____
⑩ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER _____
⑪ EX. HAZ. WASTE PERMIT NO. _____
⑫ GENERATING PROCESS _____
CONC. RANGE UPPER LOWER UNITS _____
E _____
F _____
G _____
NONHAZARDOUS MATERIAL _____ %

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ Ron T. Keller 5/20/81
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

① NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 049
UNIT NO. 2
⑭ PICK-UP DATE 5/20/81
TIME 10 AM ☐ PM

⑮ Ron T. Keller
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

① NAME BKK Inc
EPA NO. 0000000000000000

⑯ QUANTITY (IF MEASURED) 500
⑰ STATE FEE (IF ANY) \$ 400

⑱ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT _____

⑲ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY _____

NAME _____
EPA NO. 0000000000000000
REVISED 11/80

⑲ HANDLING OR DISPOSAL METHOD
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) _____
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER
⑳ Ron T. Keller
SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE ACCEPTED 5/20/81

HP 000111

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 00224

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

① NAME California Department of Health Services
EPA NO. 000000000000000000
ADDRESS 1100 California Way
CITY, STATE, ZIP CODE SUN VALLEY, CA 91352
PHONE NO. 875-2930
ORDER PLACED BY Ron Tool ORDER DATE 6-15-81
CONTRACT NO. _____

② DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME PKK CORP
EPA NO. 000000000000000000
ADDRESS 2210 Arizona Ave
CITY, STATE, ZIP CODE West Covina
PHONE NO. 965-0911

③ ALTERNATE TSD FACILITY

NAME Casman Co
EPA NO. 000000000000000000
ADDRESS 1214 1st St
CITY, STATE, ZIP CODE Casman, CA
PHONE NO. 505-757-8449

④ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE <u>116 (Liquid Soluble)</u>					<input checked="" type="checkbox"/> DRUMS	
WASTE					<input type="checkbox"/> BAGS	
					<input type="checkbox"/> CARTONS	
					<input type="checkbox"/> DUMP TRUCK	
					<input checked="" type="checkbox"/> TANK TRUCK	
					<input type="checkbox"/> OTHER	

⑤ WASTE CATEGORY _____ ⑥ EX. HAZ. WASTE PERMIT NO. _____ ⑦ GENERATING PROCESS _____

⑧ LIST COMPONENTS

	CONC.	RANGE	LOWER	UPPER	UNITS		CONC.	RANGE	LOWER	UPPER	UNITS
A <u>Chloroform</u>					%	E					PPM
B <u>Solvents</u>					%	F					PPM
C					%	G					PPM
D					%						PPM

⑨ WASTE PROPERTIES PH 7 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑩ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☒ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑪ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑫ Ron Tool 6-15-81
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

⑬ NAME LIQUID WASTE MANAGEMENT
EPA NO. 000000000000000000
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO 41
UNIT NO 4

⑭ PICK-UP DATE 6/15/81
TIME 12:20 ☐ AM ☒ PM

⑮ Ron Ballou

RECEIVED

SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑯ NAME TKI
EPA NO. 000000000000000000

⑰ QUANTITY (IF MEASURED) 2523
⑱ STATE FEE (IF ANY) \$ _____

⑲ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT _____

⑳ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

NAME _____
EPA NO. _____
REVISED 11/80

⑳ HANDLING OR DISPOSAL METHOD
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) _____
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE ACCEPTED

HP 000112

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363-01373

7-21-81

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

② NAME California Department of Health Services
EPA NO. 0000000000000000
ADDRESS 1515 Capitol Mall
CITY, STATE, ZIP CODE SUN VALLEY, CA 91352
PHONE NO. 767-4424
ORDER PLACED BY [Signature] ORDER DATE 7/21/81
P.O. CONTRACT NO. 1000000000000000

③ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME R K R
EPA NO. 0000000000000000
ADDRESS 2418 W 19th Ave
CITY, STATE, ZIP CODE WILSON, CA 95771
PHONE NO. 965-2971

④ ALTERNATE TSD FACILITY

NAME [Signature]
EPA NO. 0000000000000000
ADDRESS [Signature]
CITY, STATE, ZIP CODE [Signature]
PHONE NO. 965-2971

⑤ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE <u>1. 18</u>			<u>2000</u>	<u>gal.</u>	<input checked="" type="checkbox"/> DRUMS	
WASTE					<input type="checkbox"/> TANK TRUCK	
					<input type="checkbox"/> BAGS	
					<input type="checkbox"/> CARTONS	
					<input type="checkbox"/> DUMP TRUCK	
					<input type="checkbox"/> OTHER	

⑥ WASTE CATEGORY 1. 18

⑦ LIST COMPONENTS

	CONC. UPPER	RANGE LOWER	UNITS		CONC. UPPER	RANGE LOWER	UNITS	
A <u>Chlorine</u>	<u>257</u>	<u>157</u>	<input checked="" type="checkbox"/> %	PPM				PPM
B			<input type="checkbox"/> %	PPM				PPM
C			<input type="checkbox"/> %	PPM				PPM
D			<input type="checkbox"/> %	PPM				PPM

⑧ GENERATING PROCESS

⑨ WASTE PROPERTIES ☒ PH ☐ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN

⑩ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER

⑪ SPECIAL HANDLING INSTRUCTIONS ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

SIGNATURE OF AUTHORIZED AGENT & TITLE [Signature] DATE SHIPPED 7/21/81

TRANSPORTER (HAULER MUST COMPLETE)

⑫ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 1
UNIT NO. 1
⑬ PICK-UP DATE 7-21-81
TIME 2:00 ☒ AM ☐ PM
⑭ SIGNATURE OF AUTHORIZED AGENT & TITLE [Signature]

TSD FACILITY (OPERATOR MUST COMPLETE)

⑮ NAME [Signature]
EPA NO. 0000000000000000
⑯ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT
⑰ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME [Signature]
EPA NO. 0000000000000000
REVISED 11/80

⑱ QUANTITY (IF MEASURED) 2000
⑲ STATE FEE (IF ANY) \$ 75.00

⑳ HANDLING OR DISPOSAL METHOD

<input type="checkbox"/> SURFACE IMPOUNDMENT	<input type="checkbox"/> LANDFILL
<input type="checkbox"/> INJECTION WELL	<input type="checkbox"/> LAND TREATMENT
<input type="checkbox"/> TREATMENT (SPECIFY)	
<input type="checkbox"/> RECOVERY OR REUSE	<input type="checkbox"/> STORAGE/TRANSFER

⑳ SIGNATURE OF AUTHORIZED AGENT & TITLE [Signature] DATE ACCEPTED 7/21/81

HP 000113

56660 CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 01387

RECEIVED
7-21-89
AUG 7 1981

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

① NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424
ORDER PLACED BY _____ ORDER DATE 7/21/89
P.O. CONTRACT NO. _____

③ DESIGNATED TSD FACILITY

NAME _____
EPA NO. _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO. _____

④ ALTERNATE TSD FACILITY

NAME _____
EPA NO. _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO. _____

⑤ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE					DRUMS	
WASTE					TANK TRUCK	
					BAGS	
					CARTONS	
					DUMP TRUCK	
					OTHER	

⑥ WASTE CATEGORY _____
⑦ LIST COMPONENTS
A _____ CONC. RANGE UPPER LOWER UNITS
B _____
C _____
D _____
⑧ EX. HAZ. WASTE PERMIT NO. _____
⑨ GENERATING PROCESS
E _____ CONC. RANGE UPPER LOWER UNITS
F _____
G _____
NONHAZARDOUS MATERIAL _____ %
⑩ WASTE PROPERTIES PH _____ ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER _____
⑫ SPECIAL HANDLING INSTRUCTIONS: ☐ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER _____

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ _____ SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE SHIPPED 7/21/89

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 1203
UNIT NO. _____

⑮ PICK-UP DATE 7/21/89
TIME 7:00 AM ☒ PM

⑯ _____ SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME _____
EPA NO. _____
⑱ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT _____
⑲ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME _____
EPA NO. _____
REVISED 11/80

⑳ QUANTITY (IF MEASURED) 1.5
㉑ STATE FEE (IF ANY) _____

㉒ HANDLING OR DISPOSAL METHOD
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) _____
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉓ _____ SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE ACCEPTED 7/21/89

HP 000114

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 01120

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

③ NAME California State Department of Health Services
EPA NO. 0000000000000000
ADDRESS 1515 North 1st Street
CITY, STATE, ZIP CODE SACRAMENTO, CA 95811
PHONE NO. 916 227-1111
ORDER PLACED BY John J. Smith ORDER DATE 4/14/81
P.O. CONTRACT NO. _____

③ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME Baker Bros
EPA NO. 0000000000000000
ADDRESS 2312 N. 2nd St
CITY, STATE, ZIP CODE SACRAMENTO, CA 95811
PHONE NO. 916 965-0711

④ ALTERNATE TSD FACILITY

NAME _____
EPA NO. _____
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO. _____

⑤ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE <u>Chlorinated Solvent</u>			<u>2000</u>	<u>GA</u>	DRUMS	
WASTE					TANK TRUCK	
					BAGS	
					CARTONS	
					DUMP TRUCK	
					OTHER	

⑥ WASTE CATEGORY Chlorinated Solvent
⑦ LIST COMPONENTS
A Chlorinated Solvent CONC. RANGE UPPER 80 LOWER 15 UNITS X % PPM
B Chlorinated Solvent CONC. RANGE UPPER 25 LOWER 10 UNITS X % PPM
C _____
D _____
⑧ EX. HAZ. WASTE PERMIT NO. _____
⑨ GENERATING PROCESS CHLORINATION
E _____ CONC. RANGE UPPER _____ LOWER _____ UNITS _____ PPM
F _____ CONC. RANGE UPPER _____ LOWER _____ UNITS _____ PPM
G _____ CONC. RANGE UPPER _____ LOWER _____ UNITS _____ PPM
⑩ WASTE PROPERTIES PH 2 ☐ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE ☐ SOLID ☐ LIQUID ☒ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER
⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER _____

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ SIGNATURE OF AUTHORIZED AGENT & TITLE Ron Tash
DATE SHIPPED 4/14/81

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 2
UNIT NO. 2

⑮ PICK-UP DATE 4/14/81
TIME _____ ☐ AM ☐ PM

⑯ SIGNATURE OF AUTHORIZED AGENT & TITLE Donald R. Rios

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME LIQUID WASTE MANAGEMENT
EPA NO. 0000000000000000
⑱ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT _____
⑲ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY _____
NAME _____
EPA NO. _____
REVISED 11/80

⑲ QUANTITY (IF MEASURED) 2000
⑳ STATE FEE (IF ANY) \$ 100

㉑ HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) _____
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

㉒ SIGNATURE OF AUTHORIZED AGENT & TITLE _____
DATE ACCEPTED _____

HP 000115

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 01802

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

③ NAME _____
EPA NO.
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO. _____
ORDER PLACED BY _____ ORDER DATE _____
P.O. CONTRACT NO. _____

③ DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME BKK CORP
EPA NO.
ADDRESS 2400
CITY, STATE, ZIP CODE
PHONE NO.

④ ALTERNATE TSD FACILITY

NAME _____
EPA NO.
ADDRESS _____
CITY, STATE, ZIP CODE _____
PHONE NO. _____

⑨ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE <u> </u>	<u> </u>		<u> </u>	<u> </u>	<input checked="" type="checkbox"/> DRUMS	
WASTE <u> </u>	<u> </u>				<input type="checkbox"/> TANK TRUCK	
					<input type="checkbox"/> BAGS	
					<input type="checkbox"/> CARTONS	
					<input type="checkbox"/> DUMP TRUCK	
					<input type="checkbox"/> OTHER	

⑥ WASTE CATEGORY
⑦ LIST COMPONENTS
A _____ CONC. RANGE UPPER LOWER UNITS
B _____
C _____
D _____
⑦ EX. HAZ. WASTE PERMIT NO. _____
⑧ GENERATING PROCESS
E _____ CONC. RANGE UPPER LOWER UNITS
F _____
G _____
NONHAZARDOUS MATERIAL _____
⑩ WASTE PROPERTIES PH ☐ TOXIC ☒ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER
⑫ SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER _____

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ SIGNATURE OF AUTHORIZED AGENT & TITLE _____ DATE SHIPPED _____

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT
EPA NO. C A D 0 0 0 0 7 2 8 4 3
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 0919
UNIT NO.

⑮ PICK-UP DATE TIME ☒ AM ☐ PM

⑯ SIGNATURE OF AUTHORIZED AGENT & TITLE _____

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME BKK CORP
EPA NO.

⑱ QUANTITY (IF MEASURED) 9.84
⑲ STATE FEE (IF ANY) \$ 4.85

⑳ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT _____
㉑ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY _____

NAME _____
EPA NO.
REVISED 11/80

⑲ HANDLING OR DISPOSAL METHOD
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) _____
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER
⑲ SIGNATURE OF AUTHORIZED AGENT & TITLE DATE ACCEPTED

DATE ACCEPTED

57210

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 01977

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

DESIGNATED TSD FACILITY

ALTERNATE TSD FACILITY (AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

③ NAME Waste Management
EPA NO. 0000000000
ADDRESS 1082 P.O. Box
CITY, STATE, ZIP CODE SUN VALLEY, CA 91352
PHONE NO. (213) 767-4424
ORDER PLACED BY Waste Management
P.O. CONTRACT NO. 1082
ORDER DATE 11/2

NAME Waste Management
EPA NO. 0000000000
ADDRESS 1082 P.O. Box
CITY, STATE, ZIP CODE SUN VALLEY, CA 91352
PHONE NO. (213) 767-4424

NAME Waste Management
EPA NO. 0000000000
ADDRESS 1082 P.O. Box
CITY, STATE, ZIP CODE SUN VALLEY, CA 91352
PHONE NO. (213) 767-4424

U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE			500 gal		DRUMS	
WASTE					TANK TRUCK	
					BAGS	
					CARTONS	
					DUMP TRUCK	
					OTHER	

⑥ WASTE CATEGORY _____
⑦ EX. HAZ. WASTE PERMIT NO. _____
⑧ GENERATING PROCESS _____
⑨ LIST COMPONENTS
A _____ CONC. RANGE UPPER LOWER UNITS
B _____
C _____
D _____
⑩ WASTE PROPERTIES PH 7 ☐ TOXIC ☐ FLAMMABLE ☐ CORROSIVE IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
⑪ PHYSICAL STATE ☐ SOLID ☐ LIQUID ☐ SLUDGE ☒ SLURRY ☐ GAS ☐ OTHER
⑫ SPECIAL HANDLING INSTRUCTIONS ☐ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑬ Ron Toub SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE SHIPPED 11/2/81

TRANSPORTER (HAULER MUST COMPLETE)

⑭ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO 689
UNIT NO 2

⑮ PICK-UP DATE 11/2/81
TIME 1:30 ☐ AM ☒ PM

⑯ W. K. Kellen SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

⑰ NAME Waste Management
EPA NO. 0000000000
⑱ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT
⑲ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME _____
EPA NO. 0000000000

⑳ QUANTITY (IF MEASURED) 500 gal
㉑ STATE FEE (IF ANY) \$ 1.93

HANDLING OR DISPOSAL METHOD
☐ SURFACE IMPOUNDMENT ☒ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) ☐ STORAGE/TRANSFER
☐ RECOVERY OR REUSE

⑳ W. K. Kellen SIGNATURE OF AUTHORIZED AGENT & TITLE
DATE ACCEPTED 11/2/81

HP 000118

4
11-19-51

DATE ACCEPTED _____

HP 000119

57210

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 02230

12-8-81

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

② NAME California Waste Management
EPA NO. 000000000000000000
ADDRESS 2210 1st St
CITY, STATE, ZIP CODE San Francisco CA 94114
PHONE NO. 415 774 1111
ORDER PLACED BY P.O. ORDER DATE 12/8/81
CONTRACT NO. 000000000000000000

③ DESIGNATED TSD FACILITY

NAME California Waste Management
EPA NO. 000000000000000000
ADDRESS 2210 1st St
CITY, STATE, ZIP CODE San Francisco CA 94114
PHONE NO. 415 774 1111

④ ALTERNATE TSD FACILITY (APPROVED STATE OR FEDERAL PROGRAM)

NAME California Waste Management
EPA NO. 000000000000000000
ADDRESS 2210 1st St
CITY, STATE, ZIP CODE San Francisco CA 94114
PHONE NO. 415 774 1111

⑤ U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE			500	301	DRUMS	
WASTE					TANK TRUCK	
					BAGS	
					CARTONS	
					DUMP TRUCK	
					OTHER	

⑥ WASTE CATEGORY 47
⑦ LIST COMPONENTS
A Acetic Acid CONC. RANGE UPPER LOWER UNITS % PPM E Acetic Acid CONC. RANGE UPPER LOWER UNITS % PPM
B Acetic Acid CONC. RANGE UPPER LOWER UNITS % PPM F Acetic Acid CONC. RANGE UPPER LOWER UNITS % PPM
C Acetic Acid CONC. RANGE UPPER LOWER UNITS % PPM G Acetic Acid CONC. RANGE UPPER LOWER UNITS % PPM
D Acetic Acid CONC. RANGE UPPER LOWER UNITS % PPM
⑧ GENERATING PROCESS
⑨ WASTE PROPERTIES PH 4.7 TOXIC ☐ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN ☐
⑩ PHYSICAL STATE ☐ SOLID ☒ LIQUID ☒ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER ☐
⑪ SPECIAL HANDLING INSTRUCTIONS. ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER ☐

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

⑪ SIGNATURE OF AUTHORIZED AGENT & TITLE [Signature] DATE SHIPPED 12/8/81

TRANSPORTER (HAULER MUST COMPLETE)

⑫ NAME LIQUID WASTE MANAGEMENT
EPA NO. CAD0000072843
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 935
UNIT NO. 3

⑬ PICK-UP DATE 12/8/81 TIME 1:00 AM ☐ PM ☒

⑭ SIGNATURE OF AUTHORIZED AGENT & TITLE [Signature]

TSD FACILITY (OPERATOR MUST COMPLETE)

⑮ NAME California Waste Management
EPA NO. 000000000000000000
⑯ INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT
⑰ IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME California Waste Management
EPA NO. 000000000000000000

⑱ QUANTITY (IF MEASURED) 500
⑲ STATE FEE (IF ANY) \$ 1.64

HANDLING OR DISPOSAL METHOD:
☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY) ☐ STORAGE/TRANSFER
☐ RECOVERY OR REUSE

⑳ SIGNATURE OF AUTHORIZED AGENT & TITLE [Signature] DATE ACCEPTED 12/8/81

HP 000120

PRESS-HARD

GENERATOR (GENERATOR MUST COMPLETE)

③ NAME PAUL J. SUPPICKS
 EPA NO. 1111111111111111
 ADDRESS 11316 SHUTLAND WAY
 CITY, STATE, SUN VALLEY, CA.
 ZIP CODE 91352
 PHONE NO 818 255 1111
 ORDER PLACED BY R. J. Suppicks ORDER DATE 1-13-78
 P.O. 11316
 CONTRACT NO. 11316

② DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)

NAME _____
EPA NO.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ADDRESS _____
CITY, STATE, _____
ZIP CODE _____
PHONE NO. _____

④ ALTERNATE TSD FACILITY

NAME _____
EPA NO.

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ADDRESS _____
CITY, STATE, _____
ZIP CODE _____
PHONE NO. _____

③ U. S. DOT PROPER SHIPPING NAME		U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS NUMBER							
WASTE				3,000	gal	<input type="checkbox"/>	DRUMS	<input type="checkbox"/>	BAGS	<input type="checkbox"/>	CARTONS	<input type="checkbox"/>	DUMP TRUCK
WASTE						<input checked="" type="checkbox"/>	TANK TRUCK	<input type="checkbox"/>	OTHER				

④ WASTE CATEGORY: *HAZARDOUS SOLID*

(8) WASTE CATEGORY Painting SLUDGE

⑨ LIST COMPONENTS

	UPPER	LOWER
A - CHACHA		
B - ANA		
C - CA		
D -		

⑦ EX. HAZ. WASTE PERMIT NO.

UNITS	

① GENERATING PROCESS

	CONC	RANGE	UNITS	
	UPPER	LOWER		
_____	_____	_____		PPM
_____	_____	_____		PPM
_____	_____	_____		PPM

9) WASTE PROPERTIES PH 7 ☒ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
10) PHYSICAL STATE ☐ SOLID ☒ LIQUID ☒ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER
11) SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

① Ron Teale Sr. Agent 1-13-81
SIGNATURE OF AUTHORIZED AGENT & TITLE DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

(14) NAME **LIQUID WASTE MANAGEMENT**
EPA NO.

C	A	D	0	0	0	0	7	2	8	4	3
---	---	---	---	---	---	---	---	---	---	---	---

ADDRESS **P.O. BOX 1082**
CITY, STATE **SUN VALLEY, CALIFORNIA 91352**
ZIP CODE
PHONE NO. **(213) 767-4424**

JOB NO. _____
UNIT NO. _____

⑮ PICK-UP DATE 12/12/81
TIME 12 ☐ AM ☒ PM

(16) _____
SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

(17) NAME _____
EPA NO. [] [] [] [] [] [] [] []

(10) QUANTITY (IF MEASURED) 27.14
(11) STATE FEE (IF ANY) \$ 27.14

29 INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT

22 IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY

[illegible]

② HANDLING OR DISPOSAL METHOD

<input type="checkbox"/>	<input type="checkbox"/> SURFACE IMPOUNDMENT	<input type="checkbox"/> LANDFILL
	<input type="checkbox"/> INJECTION WELL	<input type="checkbox"/> LAND TREATMENT
	<input type="checkbox"/> TREATMENT (SPECIFY)	
	<input type="checkbox"/> RECOVERY OR REUSE	<input type="checkbox"/> STORAGE/TRANSFER

② _____
SIGNATURE OF AUTHORIZED AGENT & TITLE

_____ DATE ACCEPTED

REVERSE SIDES FOR
INSTRUCTIONS. PLEASE TYPE
OR PRINT CLEARLY.

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 726

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

NAME Thompson Services
EPA NO. 0111111111111111
ADDRESS 1111111111111111
CITY, STATE, ZIP CODE SUN VALLEY, CA 91352
PHONE NO. 800-111-1111
ORDER PLACED BY John Doe ORDER DATE 5/23/91
CONTRACT NO. 1111111111

DESIGNATED TSD FACILITY

(AUTHORIZED TO OPERATE UNDER AN APPROVED STATE OR FEDERAL PROGRAM)
NAME BKK
EPA NO. 0111111111111111
ADDRESS 1111111111111111
CITY, STATE, ZIP CODE SUN VALLEY, CA 91352
PHONE NO. 800-111-1111

ALTERNATE TSD FACILITY

NAME CAS
EPA NO. 0111111111111111
ADDRESS 1111111111111111
CITY, STATE, ZIP CODE SUN VALLEY, CA 91352
PHONE NO. 800-111-1111

U. S. DOT PROPER SHIPPING NAME	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
WASTE <u>CHLORINE GAS</u>			<u>5000</u>	<u>gals</u>	<input checked="" type="checkbox"/> DRUMS <input type="checkbox"/> TANK TRUCK	<input type="checkbox"/> BAGS <input type="checkbox"/> CARTONS <input type="checkbox"/> DUMP TRUCK <input type="checkbox"/> OTHER
WASTE						

WASTE CATEGORY EXHAUSTION
LIST COMPONENTS CHLORINE GAS
CONC. RANGE UPPER LOWER UNITS
WASTE PROPERTIES PH 7.0 ☐ TOXIC ☐ FLAMMABLE ☒ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER
SPECIAL HANDLING INSTRUCTIONS: ☒ GLOVES ☒ GOGGLES ☐ RESPIRATOR ☐ OTHER
EX. HAZ. WASTE PERMIT NO. 1111111111
GENERATING PROCESS TESTING
CONC. RANGE UPPER LOWER UNITS
NONHAZARDOUS MATERIAL NO

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL
RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

John Doe SIGNATURE OF AUTHORIZED AGENT & TITLE
5/23/91 DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

NAME LIQUID WASTE MANAGEMENT
EPA NO. 0111111111111111
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 3
UNIT NO. 2

PICK-UP DATE 5-23-91
TIME 7:00 ☒ AM ☐ PM

John Doe SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

NAME BKK
EPA NO. 0111111111111111
INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
NAME
EPA NO. 0111111111111111
REVISED 11/80

QUANTITY (IF MEASURED) 20.07
STATE FEE (IF ANY) \$ 20.07

HANDLING OR DISPOSAL METHOD:
☒ SURFACE IMPOUNDMENT
☐ INJECTION WELL
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE
☐ LANDFILL
☐ LAND TREATMENT
☐ STORAGE/TRANSFER

John Doe SIGNATURE OF AUTHORIZED AGENT & TITLE
5/23/91 DATE ACCEPTED

HP 000122

CALIFORNIA HAZARDOUS WASTE MANIFEST
STATE DEPARTMENT OF HEALTH SERVICES
HAZARDOUS MATERIALS MANAGEMENT SECTION
744 P STREET, SACRAMENTO, CA 95814

363 - 000123

JAN 29 1981

PRESS HARD

GENERATOR (GENERATOR MUST COMPLETE)

NAME PARKER BERTEA
A NO. CAD0000000000000000
ADDRESS 11300 SHERMAN LANE
CITY, STATE, ZIP CODE SUN VALLEY
PHONE NO. 875-0000
ORDER PLACED BY W. J. JONES ORDER DATE 1-7-81
TRACT NO.

DESIGNATED TSD FACILITY

NAME BKK LANDFILL
EPA NO. CAD0000000000000000
ADDRESS 2210 AZUSA AVE
CITY, STATE, ZIP CODE W. COVINA
PHONE NO. 905-0916

ALTERNATE TSD FACILITY

NAME CHRYSLER FINANCIAL
EPA NO. CAD0000000000000000
ADDRESS NTU
CITY, STATE, ZIP CODE CHRYSLER
PHONE NO.

U. S. DOT PROPER SHIPPING NAME

WASTE	U. S. DOT HAZARD CLASS	UN/NA I.D. NO.	WEIGHT OR VOLUME	UNITS	CONTAINERS	NUMBER
<u>LIQUID OIL</u>	<u>NONHAZ</u>		<u>1000 GAL</u>		DRUMS	
					TANK TRUCK	
					BAGS	
					CARTONS	
					DUMP TRUCK	
					OTHER	

WASTE CATEGORY

LIST COMPONENTS

EX. HAZ. WASTE PERMIT NO. 3-1681

GENERATING PROCESS

CONC.	RANGE	UNITS	E	F	G	NONHAZARDOUS MATERIAL	%	CONC.	RANGE	UNITS	E	F	G

WASTE PROPERTIES PH ☐ TOXIC ☒ FLAMMABLE ☐ CORROSIVE/IRRITANT ☐ REACTIVE ☐ SENSITIZER ☐ CARCINOGEN/MUTAGEN
PHYSICAL STATE ☐ SOLID ☒ LIQUID ☐ SLUDGE ☐ SLURRY ☐ GAS ☐ OTHER
SPECIAL HANDLING INSTRUCTIONS: ☐ GLOVES ☐ GOGGLES ☐ RESPIRATOR ☐ OTHER

GENERATOR CERTIFICATION: THIS IS TO CERTIFY THAT THE ABOVE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED & LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION AND THE EPA.

IN THE EVENT OF A SPILL CONTACT THE NATIONAL RESPONSE CENTER, U. S. COAST GUARD 1-800-424-8802.

SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE SHIPPED

TRANSPORTER (HAULER MUST COMPLETE)

NAME LIQUID WASTE MANAGEMENT
A NO. CAD0000000000000000
ADDRESS P.O. BOX 1082
CITY, STATE, ZIP CODE SUN VALLEY, CALIFORNIA 91352
PHONE NO. (213) 767-4424

JOB NO. 1
UNIT NO. 9

PICK-UP DATE 1-8-81
TIME 9:00 ☒ AM ☐ PM

SIGNATURE OF AUTHORIZED AGENT & TITLE

TSD FACILITY (OPERATOR MUST COMPLETE)

NAME LIQUID WASTE MANAGEMENT
A NO. CAD0000000000000000
INDICATE ANY SIGNIFICANT DISCREPANCIES BETWEEN MANIFEST AND SHIPMENT
IF WASTE IS HELD FOR DELIVERY ELSEWHERE, SPECIFY THE DESIGNATED TSD FACILITY
VE LIQUID WASTE MANAGEMENT
A NO. CAD0000000000000000

(18) QUANTITY (IF MEASURED)
(19) STATE FILE (IF ANY)

HANDLING OR DISPOSAL METHOD

☐ SURFACE IMPOUNDMENT ☐ LANDFILL
☐ INJECTION WELL ☐ LAND TREATMENT
☐ TREATMENT (SPECIFY)
☐ RECOVERY OR REUSE ☐ STORAGE/TRANSFER

HP 000123

SIGNATURE OF AUTHORIZED AGENT & TITLE

DATE ACCEPTED

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH

11-7-79

363-4523

NAME:

CODE NO.

PICK UP ADDRESS:

Aviation Hydraulics
11310 Sherman Way
Sun Valley Ca. 91352
PO.# 12970B 011
875-2930

DATE:

TEL NO./CONTACT:

P. O. NO.

TYPE OF PROCESS WHICH PRODUCES WASTE

ELECTROPLATING

Code No.

(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

CHECK TYPE OF WASTE

- 1 ☐ acid solution
- 2 ☐ alkaline solution
- 3 ☐ pesticides
- 4 ☐ paint sludge
- 5 ☐ solvent
- 6 ☐ tetraethyl lead sludge
- 7 ☐ chemical toilet wastes

- 8 ☐ tank bottom sediment
- 9 ☐ oil
- 10 ☐ drilling mud
- 11 ☐ contaminated soil and sand
- 12 ☐ cannery waste
- 13 ☐ latex waste
- 14 ☐ mud and water
- 15 ☐ brine

☐ other (specify) _____

Code No.

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list) organics (list), cyanide)

		concentration	%	ppm
		lower	upper	
1	Chromic acid			
2	Chromic acid			
3	Sulfuric acid			
4	Water soluble oil			
5				
6				

pH 8 ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

BULK VOLUME: 3,000 ☐ gal. ☐ tons ☐ barrels (42 gal) ☐ other (specify) _____
CONTAINERS: (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other (specify) _____
PHYSICAL STATE: ☐ solid ☐ liquid ☐ sludge ☐ other (specify) _____

SPECIAL HANDLING INSTRUCTIONS (IF ANY) _____

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Pan Tool Plating Sup.
of authorized agent

Name (print or type):

LIQUID WASTE MANAGEMENT

Code No.

Business Address: P. O. BOX 1082 SUN VALLEY CALIFORNIA 91352

Telephone Number: (213) 767-4424 (Number) (Street) (City) ☐ am ☐ pm

State Liquid Waste Hauler's Registration No. (if applicable): 363

Job No.: _____ No. of Loads or Trips: _____ Unit No.: _____

Vehicle: ☒ vacuum truck ☐ barrels, ☐ flatbed, ☐ other (specify) _____

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

[Signature]
Signature of authorized agent and title

Name (print or type):

Calaveras

Code No.

Site Address: _____

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

HANDLING METHOD(S):

- ☐ recovery
- ☐ treatment (specify) _____ (Examples: incineration, neutralization, precipitation) code no.
- ☐ disposal (specify) ☐ pond ☐ spreading ☒ landfill ☐ injection well ☐ other (specify) _____ code no.

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: 11-7-79

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

[Signature]
Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

DOT PROPER SHIPPING NAME

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

HP 000124

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH

10-5-79
363-4280

NAME: AVIATION HYDRAULICS CODE NO.
 PICK UP ADDRESS: 11310 SIEMERMAN WAY
SUN VALLEY - 91342 DATE: 10-5-79
 TEL NO./CONTACT: (213) 875-2930
 P. O. NO.

TYPE OF PROCESS WHICH PRODUCES WASTE MACHINE WORK Code No.
 (Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

CHECK TYPE OF WASTE	
<input checked="" type="checkbox"/> acid solution	<input checked="" type="checkbox"/> tank bottom sediment
<input checked="" type="checkbox"/> alkaline solution	<input checked="" type="checkbox"/> oil
<input checked="" type="checkbox"/> pesticides	<input checked="" type="checkbox"/> drilling mud
<input checked="" type="checkbox"/> paint sludge	<input checked="" type="checkbox"/> contaminated soil and sand
<input checked="" type="checkbox"/> solvent	<input checked="" type="checkbox"/> cannery waste
<input checked="" type="checkbox"/> tetraethyl lead sludge	<input checked="" type="checkbox"/> latex waste
<input checked="" type="checkbox"/> chemical toilet wastes	<input checked="" type="checkbox"/> mud and water
<input checked="" type="checkbox"/> other (specify) <u> </u>	<input checked="" type="checkbox"/> brine

Code No.

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list) organics (list), cyanide)

		concentration	%	ppm
		lower	upper	
1	<u>WATER TO 90</u>			
2	<u>OIL 10%</u>			
3				
4				
5				
6				

pH 4 ☒ none ☒ toxic ☒ flammable ☒ corrosive ☒ explosive

BULK VOLUME: 700 ☒ gal. ☒ tons ☒ barrels (42 gal) ☒ other (specify)
 CONTAINERS: (NUMBER) ☒ drums ☒ cartons ☒ bags ☒ other (specify)
 PHYSICAL STATE: ☒ solid ☒ liquid ☒ sludge ☒ other (specify)
 SPECIAL HANDLING INSTRUCTIONS (IF ANY) NONE

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler. (If applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

Name (print or type): LIQUID WASTE MANAGEMENT Code No.
 Business Address: P. O. BOX 1082 SUN VALLEY, CALIFORNIA 91352
 Telephone Number: (213) 767-4424 (Number) (Street) 10-5-79 (City) (Date) (Time)
 State Liquid Waste Hauler's Registration No. (if applicable): 363
 Job No.: No. of Loads or Trips: Unit No.: 2
 Vehicle: ☒ vacuum truck ☒ barrels, ☒ flatbed, ☒ other (specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Denny R. Rains
 Signature of authorized agent and title

Name (print or type): Cale X. Rains Code No.
 Site Address: 26919 W. Ventura Pl. Chino

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): 1245 LBS State fee (if any):

HANDLING METHOD(S):	
<input checked="" type="checkbox"/> recovery	<input checked="" type="checkbox"/> treatment (specify) <u> </u> (Examples: incineration, neutralization, precipitation)
<input checked="" type="checkbox"/> disposal (specify)	<input checked="" type="checkbox"/> pond <input checked="" type="checkbox"/> spreading <input checked="" type="checkbox"/> landfill <input checked="" type="checkbox"/> injection well
<input checked="" type="checkbox"/> other (specify) <u> </u>	<input checked="" type="checkbox"/> other (specify) <u> </u>

If waste is held for disposal elsewhere, specify final location:

Disposal Date: 10-5-79

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Sosvys
 Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

DOT PROPER SHIPPING NAME

HP 000125

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH

4-26-79

NAME: **Aviation Hydraulics**
 ADDRESS: **11310 Sherman Way**
Sun Valley Ca. 91352
PO.# 12970E 011
 TEL NO./CONTACT: **875-2920**
 P. O. NO.

CODE NO.

DATE: **7/26/79**

TYPE OF PROCESS WHICH PRODUCES WASTE
 (Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

CHECK TYPE OF WASTE

- 1 ☒ acid solution
- 2 ☒ alkaline solution
- 3 ☒ pesticides
- 4 ☒ paint sludge
- 5 ☒ solvent
- 6 ☒ tetraethyl lead sludge
- 7 ☒ chemical toilet wastes

- 8 ☒ tank bottom sediment
- 9 ☒ oil
- 10 ☒ drilling mud
- 11 ☒ contaminated soil and sand
- 12 ☒ cannery waste
- 13 ☒ latex waste
- 14 ☒ mud and water
- 15 ☒ brine

☒ other (specify) _____

Code No.

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list) organics (list), cyanide)

	concentration	%	ppm
	lower	upper	
1 CN	5	10	
2			
3			
4 672			
5			
6			

pH **11.13** ☒ none ☒ toxic ☒ flammable ☒ corrosive ☒ explosive

BULK VOLUME: **14** gal. ☒ drums ☒ solid ☒ liquid ☒ sludge ☒ other (specify) _____
 CONTAINERS: (NUMBER) ☒ barrels ☒ bags ☒ other (specify) _____
 PHYSICAL STATE: ☒ other (specify) _____

SPECIAL HANDLING INSTRUCTIONS (IF ANY) _____

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Ron Tool Plating, Inc.
 Signature of authorized agent and title

HAULER TO WASTE (Must be filled by hauler)

C-1357

363-4217

Name (print or type): **LIQUID WASTE MANAGEMENT**
 Business Address: **P. O. BOX 1082 SUN VALLEY, CALIFORNIA 91352**
 Telephone Number: (213) 767-4424
 State Liquid Waste Hauler's Registration No. (if applicable): **363**
 Job No.: **1** No. of Loads or Trips: **1** Unit No.: **1**
 Vehicle: ☒ vacuum truck **176** barrels, ☒ flatbed, ☒ other (specify) _____

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

Name (print or type): **THOMPSON**
 Site Address: **24501 SO. FIGUEROA**

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any): _____

HANDLING METHOD(S):

- ☒ recovery
- ☒ treatment (specify) **CYANIDE TANK**
- ☒ disposal (specify) ☒ pond ☒ spreading ☒ landfill ☒ injection well
- ☒ other (specify) _____

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: **7-26-79**

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

DOT PROPER SHIPPING LABEL WASTE ACT
ACID NEUTRALIZATION

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

HP 000126

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH

8-1-79

WASTE (Must be filled by producer)

AVIATION HYDRAULICS
11110 JORDAN WAY

CODE NO.
[] [] [] []

DATE:
[] [] [] [] [] []

UP ADDRESS

TEL NO./ CONTACT

P.O. NO.

TYPE OF PROCESS WHICH PRODUCES WASTE [] [] [] [] Code No.

(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

DESCRIPTION OF WASTE (Must be filled by producer)

CHECK TYPE OF WASTE	
1 <input type="checkbox"/> acid solution	8 <input type="checkbox"/> tank bottom sediment
2 <input type="checkbox"/> alkaline solution	9 <input checked="" type="checkbox"/> oil
3 <input type="checkbox"/> pesticides	10 <input type="checkbox"/> drilling mud
4 <input type="checkbox"/> paint sludge	11 <input type="checkbox"/> contaminated soil and sand
5 <input type="checkbox"/> solvent	12 <input type="checkbox"/> cannery waste
6 <input type="checkbox"/> tetraethyl lead sludge	13 <input type="checkbox"/> latex waste
7 <input type="checkbox"/> chemical toilet wastes	14 <input checked="" type="checkbox"/> mud and water
<input type="checkbox"/> other (specify) _____	15 <input checked="" type="checkbox"/> brine

[] [] [] [] Code No.

COMPONENTS

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list) organics (list), cyanide)

	concentration		%	ppm
	lower	upper		
1 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
2 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
3 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
4 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
5 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
6 _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

HAZARDOUS PROPERTIES OF WASTE

pH _____ ☒ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

BULK VOLUME: _____ ☒ gal. ☐ tons ☐ barrels (42 gal) ☐ other (specify) _____
CONTAINERS: _____ (NUMBER) ☐ drums ☐ cartons ☐ bags ☐ other (specify) _____
PHYSICAL STATE: ☐ solid ☐ liquid ☐ sludge ☐ other (specify) _____

SPECIAL HANDLING INSTRUCTIONS (IF ANY) _____

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

HAULER OF WASTE (Must be filled by hauler)

3633942

Name (print or type): **LIQUID WASTE MANAGEMENT** [] [] [] Code No.

Business Address: **P. O. BOX 1082 SUN VALLEY, CALIFORNIA 91352**

Telephone Number: (213) 767-4424 (Number) (Street) (City) (Date) (Time) ☐ am ☐ pm

State Liquid Waste Hauler's Registration No. (if applicable): 363

Job No.: _____ No. of Loads or Trips: _____ Unit No.: _____

Vehicle: ☒ vacuum truck _____ barrels, ☐ flatbed, ☐ other (specify) _____

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): _____ [] [] [] Code No.

Site Address: _____

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable): _____ State fee (if any) _____

HANDLING METHOD(S):

☐ recovery
☐ treatment (specify) _____ (Examples: incineration, neutralization, precipitation) [] [] code no.
☒ disposal (specify) ☐ pond ☐ spreading ☒ landfill ☐ injection well
☐ other (specify) _____ [] [] code no.

If waste is held for disposal elsewhere specify final location: _____

Disposal Date: _____

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

DOT PROPER SHIPPING NAME

HP 000127

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD/STATE DEPARTMENT OF HEALTH

8-6-79

363-3612

Aviation Hydraulics

11310 Shorman Way

Sun Valley Ca. 91352

PO. # 129708 011

TEL NO./CONTACT: 875-2930

P. O. NO.

TYPE OF PROCESS WHICH PRODUCES WASTE

metal plating

(Examples: metal plating, equipment cleaning, oil drilling wastewater treatment, pickling bath, petroleum refining)

CODE NO.

DATE:

8-6-79

Name (print or type):

LIQUID WASTE MANAGEMENT

Business Address:

P. O. BOX 1082 SUN VALLEY, CALIFORNIA 91352

Telephone Number: (213) 767-4424

Pick Up: 8-6-79 (City)

State Liquid Waste Hauler's Registration No. (if applicable)

363

Job No.:

No. of Loader Trips

Unit No.:

Vehicle:

vacuum truck

1200

flatbed

other

(specify)

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

[Signature]
Signature of authorized agent and title

Name (print or type):

Coleman L. H. & S.

Site Address:

16711 W. Ventura

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWOCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable):

3000

State fee (if any):

HANDLING METHOD(S):

☒ recovery

☒ treatment (specify)

(Examples: incineration, neutralization, precipitation)

☒ disposal (specify)

☐ pond

☐ spreading

☐ landfill

☐ injection well

☐ other (specify)

If waste is held for disposal elsewhere specify final location:

Disposal Date:

8-6-79

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

[Signature]
Signature of authorized agent and title

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

DOT PROPER SHIPPING NAME

FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

CHECK TYPE OF WASTE

1 ☒ acid solution

2 ☒ alkaline solution

3 ☒ pesticides

4 ☒ paint sludge

5 ☒ solvent

6 ☒ tetraethyl lead sludge

7 ☒ chemical toilet wastes

☒ other (specify)

8 ☒ tank bottom sediment

9 ☒

10 ☒ drilling mud

11 ☒ contaminated soil and sand

12 ☒ cannery waste

13 ☒ latex waste

14 ☒ mud and water

15 ☒ brine

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list) organics (list), cyanide)

	concentration	%	ppm
	lower	upper	
1 <i>chromic acid</i>			
2 <i>chromic acid</i>			
3 <i>chromic acid</i>			
4 <i>chromic acid</i>			
5 <i>chromic acid</i>			
6 <i>chromic acid</i>			

pH *4-6*

☒ none

☒ toxic

☒ flammable

☒ corrosive

☒ explosive

BULK VOLUME: *2500*

CONTAINERS:

(NUMBER)

☒ drums

☒ totes

☒ barrels (42 gal)

☒ other (specify)

PHYSICAL STATE:

☒ solid

☒ liquid

☒ sludge

☒ other (specify)

SPECIAL HANDLING INSTRUCTIONS (IF ANY):

NOV

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

[Signature]
Signature of authorized agent and title

HP 000128